EMERGENCY MEDICAL SERVICES AUTHORITY

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December 8, 2021

Mr. Dan Burch, Emergency Medical Services Administrator San Joaquin County Emergency Medical Services Agency P. O. Box 220 French Camp, CA 95231

Dear Mr. Burch:

This letter is in response to San Joaquin County Emergency Medical Services (EMS) Agency's 2021 EMS plan submission to the EMS Authority on October 18, 2021.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is <u>approved</u> for implementation pursuant to HSC § 1797.105(b). Based on transportation documentation provided, please find enclosed the ground exclusive operating areas status, as compiled by the EMS Authority.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before December 8, 2022. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

Elizabeth Basnett, EMEDM

Acting Director

Emergency Medical Services Authority

Enclosure

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San Joaquin County EMS Agency 2021 EMS Plan Ground Exclusive Operating Areas Agency 2021 EMS Plan Ground Exclusive Operating Areas							THE				
ZONE	EXCL	JSIVITY		TYPE				LEVE			NOTES
Zone X	Х	Competitive	Х			Х	Х	х	Х		
Zone D	х	Non- Competitive	х			х	х	×			
Zone E	Х	Non- Competitive	Х			Х	Х	Х			
Zone F	Х	Non- Competitive	Х			Х	Х	Х			

Emergency Medical Services Plan 2021 Annual Update



San Joaquin County Emergency Medical Services Agency PO Box 220, French Camp, CA 95231 (209) 468-6818

Dan Burch, EMS Administrator Katherine Shafer, M.D., EMS Medical Director Jared Bagwell, EMS Coordinator Tina Shahani, EMS Analyst

Submitted October 18, 2021

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EXECUTIVE SUMMARY

The San Joaquin County Emergency Medical Services (EMS) Agency (SJCEMSA) was created by the San Joaquin County Board of Supervisors as a department within the Health Care Services Agency in 1982, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. As assigned by the Legislature with the passage of the EMS Act, the primary responsibility of a local EMS agency is to plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the California EMS Authority (EMSA). The EMS system plan and subject specific plans such as trauma and transportation must be consistent with the regulations and guidelines established by the EMSA.

This EMS plan update provides information relevant to the period from July 1, 2020 through June 30, 2021. This document includes information that meets the requirement to provide annual plans for the San Joaquin County CQI Plan, the Stroke Critical Care System Plan, the STEMI Critical Care System Plan, and the San Joaquin County 2020 Trauma System Plan. As demonstrated in the San Joaquin County 2020 EMS 5 Year Plan, the San Joaquin EMS System generally meets or exceeds EMSA's minimum standards and recommended guidelines. This document meets the EMSA requirement for the submission of an annual EMS Plan update.

MAJOR NEEDS AND PROGRAM SOLUTIONS

1. <u>Need</u>: Improve ability to measure the performance and effectiveness of fire department responders and other non-transport resources.

<u>Program Solution</u>: Continue to enhance agreements and adopt policies and measures to ensure complete and ready access communication and provider data sources to allow for the evaluation of the efficiency and effectiveness of all aspects of the EMS system. Obtain access to the dispatch data from a fully functioning CAD for all non-transport resources that must include remote access to audio equipment and technology to provide SJCEMSA with unrestricted access to search, select, play and record digital audio recordings and features, plus provide monitoring features available using the FirstWatch program. Work with stakeholders including the cities and fire districts to ensure access to data. Continue to work with FirstWatch program for system assessment reports and monitoring Response time compliance.

 Need: Continue to develop and implement strategies to reduce off-load delays of patients transported by EMS system ambulances at hospital emergency departments in San Joaquin County

<u>Program Solution</u>: Adopt a method to calculate the true financial cost of APOD on the EMS system. Continue to measure and report APOT quarterly showing performance of each hospital. Engage stakeholders on developing, implementing, and evaluating measures to reduce APOT and its deleterious effect on patient care, diminished

ambulance productivity, and increase in response times.

3. <u>Need</u>: Adopt a goal for training a percentage of the general public in first aid and CPR and place special emphasis on training a higher percentage of high risk groups.

<u>Program Solution</u>: Work with emergency ambulance providers and non-transport emergency responder organizations to plan and implement first aid and CPR training for the public in San Joaquin County.

4. Need: Revise, update, and evaluate the exclusive operating area ambulance agreements with Escalon Community Ambulance, and the Ripon Consolidated Fire Protection District. In addition, negotiate service agreements as needed with ALS first response providers, BLS first response providers and air ambulance service providers.

Program Solution: Assign appropriate staff to meet need.

5. <u>Need</u>: Revise, update, and evaluate the BLS and advanced life support (ALS) agreements with non-transport fire departments. Negotiate service agreements as needed.

<u>Program Solution</u>: Continue to revise, update, and evaluate the BLS and advanced life support (ALS) agreements with non-transport fire departments.

6. <u>Need</u>: Ensure that any modifications of requirements that might improve services specified in the Zone-X Emergency Ambulance Agreement are identified and adopted to coincide with the end of the five-year term of the ten-year agreement with AMR.

<u>Program Solution</u>: On July 21, 2020, the San Joaquin County Board of Supervisors approved the agreement with American Medical Response – West (AMR) for exclusive emergency and advanced life support (ALS) service in ambulance zone X for the period May 1, 2021, to May 1, 2026. This agreement included reconfiguration of the compliance subzones from eleven to six.

7. <u>Need</u>: Incentivize hospitals and other public and private EMS-related agencies to meet program requirements through written agreements that include methods other than termination.

<u>Program Solution</u>: Modify pertinent written agreements.

8. <u>Need</u>: Adopt policies to improve and enhance the efficiency of EMS system response to multi-casualty incidents (MCIs).

<u>Program Solution</u>: Engage stakeholders, draft and vet policies, adopt policies, measure response, revise policies as needed to ensure performance.

 Need: The Med-Net radio system in San Joaquin County needs key upgrades to prevent the interruption of field to base hospital communication caused by radio traffic from simultaneous radio call-ins. <u>Program Solution</u>: Identified funding sources and mechanisms, developed a med-net radio communication infrastructure scope of work, coordinated a request for proposal (RFP) with County Purchasing and County Information Services, evaluated proposals and awarded contract to L3 Harris. Gained approval to proceed with Design presented. Continue with the implementation phase, installing/commission infrastructure, completed gain functioning test approval and system upgrade acceptance.

10. Need: The SJCEMSA's data management system should be integrated to include prehospital, base hospital, and receiving hospital data. Current integration of these data sources requires manual compilation or limited integration provided by third party data platforms (e.g. stroke, STEMI, Trauma Registry).

<u>Program Solution</u>: Continue to participate in the Manifest Medex (MX) Health Information Exchange (HIE) grant award from the EMS Authority. Collaborate with prehospital providers and hospitals to incorporate data into the San Joaquin County HIE.

11. Need: Develop a plan for response by and use of all-terrain vehicles and water rescue vehicles.

<u>Program Solution</u>: Work with San Joaquin County Sheriff's Department and other Emergency Responder organizations to identify the availability of all-terrain and water rescue vehicles by catchment area.

12. <u>Need</u>: Develop or update EMD related policies including EMS Policy No. 3202, to realign resource assignments and call triage with IAED recommendations.

<u>Program Solution</u>: Ensure that revised policies provide the direction necessary for the designated dispatch center to meet the EMS resource needs of the patients of San Joaquin County during every EMS system demand level including extraordinary levels of high demand.

13. Need: Implement the requirements of SB 438, which was passed into law in October 2019. Collaborate with EMS stakeholders on best practices to prevent fragmentation of the EMS system and revise/develop the necessary policies.

<u>Program Solution</u>: Ensure EMS policies provide the direction to ensure efficient communication by and between public safety answering points and EMS dispatch centers; clarify the process for approving new advanced life support (ALS) programs.

14. Need: Revise and update agreements with all BLS non-transport EMS providers that addresses the submission of NEMSIS and CEMSIS data pursuant to Health and Safety Code, Section 1797.227; and CQI processes necessary for the addition of the scope of practice to administer epinephrine and naloxone and other enhanced BLS skills.

<u>Program Solution</u>: Revise written agreements with all BLS non-transport EMS providers to address implementation of these requirements.

15. Need: Add the BLS Treatment Protocols to the mobile application, SJCEMSA ALS
Treatment Protocols Application to provide mobile and convenient access to the Treatment
Protocols for San Joaquin County accredited paramedics and emergency medical
technicians

<u>Program Solution</u>: Added the BLS Treatment Protocols to the mobile application, SJCEMSA ALS Treatment Protocols Application, which includes EMS Policy No. 5700, Advanced Life Support Treatment Protocols and EMS Policy No. 5500, Basic Life Support Treatment Protocols. The mobile application deployed to provide mobile and convenient access to the Treatment Protocols for San Joaquin County accredited paramedics and emergency medical technicians in September, 2020.

SUMMARY OF CHANGES

System Organization and Management:

Hired Jared Bagwell, in September, 2020, as a full-time EMS Coordinator responsible for assuring the effective delivery of emergency medical services in San Joaquin County; assists with coordinating, managing and administering the programs, functions, and activities of the Emergency Medical Services Agency; and ensuring compliance with related federal, state and county regulations. Administrative oversight over the SJCEMSA Trauma system in San Joaquin County.

Manpower and Training

SJCEMSA deployed 47 LUCAS 3, Version 3.1 Chest Compression System devices (LUCAS Device) to equip first out fire apparatus operated by fire departments located in San Joaquin County in 2021. This device delivers high-quality chest compressions and is to be used on adult cardiac arrest patients. The hands-free CPR device allows first responders to focus on other patient-care tasks while reducing exposure to COVID aerosolized droplets.

On April 15, 2021, SJCEMSA launched the online application portal for certifications, accreditations, and authorizations. This system increased efficiency of the application process for both the applicant and the SJCEMSA.

Issued guidance on training for the administration of epinephrine, naloxone, and other enhanced BLS skills.

Communications:

On January 18, 2021, City of Stockton Emergency Medical Dispatch Center (ECD) started EMS live caller call processing (MPDS) for the City of Lodi and added City of Manteca on February 24, 2021 and added City of Tracy on September 20, 2021.

Response and Transportation:

On August 18, 2020, Ordinance No. 4563, known as the Ambulance Ordinance of San Joaquin County, was passed and adopted by the San Joaquin County Board of Supervisors. The Ordinance has been amended to allow for the operation of litter vans and revised the processes for issuing ambulance permits.

Completed written agreements for the provision of enhanced BLS services (administration of epinephrine via auto injector, naloxone via mucosal atomizer, and glucose monitoring) with several fire departments.

On July 21, 2020, the San Joaquin County Board of Supervisors approved the agreement with American Medical Response – West (AMR) for exclusive emergency and advanced life support (ALS) service in ambulance zone X for the period May 1, 2021, to May 1, 2026. This agreement included reconfiguration of the compliance subzones from eleven to six.

Facilities and Critical Care:

San Joaquin County EMS Agency received the American Heart Association's Mission: Lifeline® EMS Gold Plus Achievement Award for implementing specific quality improvement measures to treat patients who suffer severe heart attacks for 2021.

On April 1, 2021, San Joaquin General Hospital (SJGH) was designated as a Level II Trauma Center by the SJCEMSA.

In November 2020, Dameron Hospital Association was designated as a primary stroke center to complete the process of designating all seven acute care facilities as primary stroke centers in San Joaquin County.

Data Collection and System Evaluation:

On July 1, 2020, SJCEMSA migrated response time compliance reporting and analytics to Firstwatch, a single third-party data management and analytics platform. The Firstwatch platform is used in EMS systems throughout the state and nation to monitor service provider and system performance. SJCEMSA vetted the platform during the migration process to ensure the highest level of data integrity, continuity.

SJCEMSA participated in the +EMS health information exchange (HIE) grant program issued by the Emergency Medical Services Authority (EMSA) to implement and onboard interoperable health information exchange between participating emergency ambulance service providers and hospitals through use of electronic health records (EHR) using the SJCHIE and other HIOs. The goal of the +EMS HIE grant is to integrate prehospital EHRs into the HIE allowing for SEARCH, ALERT, FILE, and RECONCILE (SAFR) functionality.

Revised and updated agreements with those BLS non-transport EMS providers that expressed interest in adopting the enhanced scope of practice to administer epinephrine and naloxone and other enhanced BLS skills to include the addition of CQI processes necessary for system evaluation and ensure the proper submission of NEMSIS and CEMSIS data pursuant to Health and Safety Code, Section 1797.227. These revisions and updates will continue during 2021-2022 as more BLS non-transport EMS providers request to be approved to provide the enhanced scope of practice.

Public Information and Education:

In July 2020, SJCEMSA began providing press release regarding San Joaquin County COVID-19 hospitalization data for public education and awareness.

Disaster Medical Response:

In response to the pandemic COVID-19, SJCEMSA acts as the Medical Health Operational Area Coordinator (MHOAC) program lead and coordinates all medical and health mutual aid resource requests within San Joaquin County. SJCEMSA has implemented emergency operations to assist acute care hospitals, long term care facilities, clinics, surgery centers, home health, hospice and emergency responders in an aggressive public health response to protect and care for the residents and visitors of San Joaquin County in the face of the global health risk.

SJCEMSA worked directly with the State of California EMS Authority, California Department of Public Health, and the Regional Disaster Medical Health Mutual Aid System to process resource requests to maintain the ability of the EMS system and our healthcare coalition partners to deliver needed care and treatment to patients. SJCEMSA is also working closely with the San Joaquin County Office of Emergency Services and the San Joaquin County Health Care Services Agency and other federal, state, and local partners to monitor and coordinate the local medical health response to the outbreak of the virus. SJCEMSA began forward deploying portable medical beds to all Acute Care Facilities in San Joaquin County in accordance to the Healthcare Surge Strategy.

SJCEMSA is working with Hospital Command centers for all seven hospitals, skilled nursing and long term care facilities in San Joaquin County experiencing increased patient census and issues with staffing shortages. In addition, SJCEMSA is working with ambulance providers to ensure that are ambulances are available to meet the current demand for service.

SJCEMSA with the cooperation and approval of the California EMS Authority and Adventist Health Lodi Memorial Hospital arranged for the deployment of a federal medical assistance team to Adventist Health Lodi Memorial Hospital to expand intensive care bed capacity in San Joaquin County. The federal medical assistance team of twenty (20) personnel including physicians, nurse practitioners, respiratory therapists, and registered nurses arrived Wednesday, July 15, 2020. A second federal medical assistance team of nurse practitioners, respiratory therapists, registered nurses and ICU technicians was deployed to San Joaquin County on July 16, 2020.

SJCEMSA has been providing Coronavirus (COVID-19) Daily ACF Bed Polling report to all seven hospitals in the county for situational awareness of COVID-19 laboratory positive patient hospitalizations, Intensive Care Unit hospitalizations and current bed capacity since April 2020.

In December 2020, SJCEMSA has arranged for prehospital care personnel working in San Joaquin County to obtain COVID-19 vaccinations through San Joaquin County Clinics. In January 2021, SJCEMSA authorized all licensed general acute care hospitals in San Joaquin County to employ and use paramedics and emergency medical technicians (EMTs) as healthcare personnel and approved accredited paramedics and certified EMTs who are affiliated with authorized San Joaquin County providers to participate in COVID-19 vaccination programs approved by San Joaquin County Public Health Services and enrolled in the California Covid-19 Vaccination Program.

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SYSTEM ASSESSMENT FORMS

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

Each local EMS agency shall develop a policy and procedures manual that includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

A policy and procedures manual has been updated and is available on the San Joaquin County website, www.sjgov.org/ems/.

NEED(S):

Continue updating the policy and procedure manual with revised treatment protocols.

OBJECTIVE:

Complete update of treatment protocols.

- ☐ Long-Range Plan (more than one year)

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Written agreements, county ordinance, inspections, unusual occurrence reporting, investigations and quality improvement programs have been established as mechanisms to review, monitor and enforce compliance with system policies.

NEED(S):

Facilitate training for all ALS and BLS personnel on EMS protocols.

OBJECTIVE:

Ensure ALS and BLS personnel receive training on EMS protocols

- Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- · base hospital contact,
- · on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

Each local EMS agency should develop (or encourage the development of) pre-arrival/post-dispatch instructions.

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies, protocols or policy statements have been issued regarding all of the minimum standards and can be found here: http://sigov.org/ems/policies.htm

San Joaquin County's authorized emergency medical dispatch center currently provides prearrival/post-dispatch instructions in accordance with national standards.

NEED(S):

Revise and update dispatch policies

OBJECTIVE:

Complete updating the dispatch policies

- Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS: MEETS MINIMUM STANDARD

All providers of advanced life support services in San Joaquin County have written agreements with the EMS agency. These include: AMR in Zone X, Manteca District Ambulance in Zone D, Escalon Community Ambulance in Zone F, Ripon Consolidated Fire District in Zone E, Stockton Fire Department in the City of Stockton, and Tracy Fire Department in the City of Tracy. Exclusive operating area agreements are current for the ALS transport providers in Zones X, D, E, and F. On July 21, 2020, the San Joaquin County Board of Supervisors approved the agreement with American Medical Response – West (AMR) for exclusive emergency and advanced life support (ALS) service in ambulance zone X for the period May 1, 2021, to May 1, 2026. On September 9th, 2021 SJCEMSA entered into an agreement authorizing Lathrop-Manteca Fire District (LMFD) to provide advanced life support (ALS) services as an integrated component of San Joaquin County Emergency Medical Services System to commence thirty (30) days after written notice is given by LMFD to SJCEMSA that ALS response service is to begin, and shall continue through June 30, 2026.

NEE	D(S):
N/A	

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

- the optimal system design for trauma care in the EMS area, and
- the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

On April 1, 2021, San Joaquin General Hospital (SJGH) was designated as a Level II Trauma Center by the SJCEMSA. SJCEMSA and SJGH staff have worked together to identify improvements needed to meet the standards set forth in California Code of Regulations, Title 22, Division 9: Prehospital Emergency Medical Services, Chapter 7 and in EMS Agency Policy No. 4712, Level II Trauma Center Standards.

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N				(S)	

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

COMMUNICATIONS

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS: MEETS MINIMUM STANDARD

The local EMS Agency has established and implemented Policy Nos. 3202 <u>Medical Priority Dispatch System Assignments</u> and <u>3205 Responses to EMS Incidents in the Unprotected Area.</u>

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

RESPONSE AND TRANSPORTATION

4.06 STAFFING

MINIMUM STANDARDS:

All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

The San Joaquin County EMS Agency has adopted written agreements and policies ensuring that all emergency medical transport vehicles meet the current State and EMS agency policies regarding staffing and equipment in accordance with the level of service provided. The EMS Agency annually inspects ambulances to ensure compliance. Relevant EMS policies include Nos. 4101 EMS Response Vehicle Medication and Equipment.

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N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

San Joaquin County has adopted the OES Region IV multi-casualty incident (MCI) plan which includes procedures for mobilizing ambulance resources. As the designated Medical Health Operational Area Coordinator (MHOAC) program lead for San Joaquin County, the SJCEMSA performed a wide range of disaster medical response activities (both COVID-19 related and non-COVID-19 related). SJCEMSA provided non-COVID-19 related assistance to ensure transfer of patients via ambulance from St. Helena's Hospital as a result of the wildfires; and provided COVID-19 related activities necessary to coordinate all medical and health mutual aid resource requests, and implement emergency operations to assist acute care hospitals, long term care facilities, clinics, surgery centers, home health, hospice, and emergency responders in San Joaquin County, SJCEMSA worked directly with the State of California EMS Authority, California Department of Public Health, and the Regional Disaster Medical Health Mutual Aid System to process resource requests for additional staffing and PPE to maintain the ability of the EMS system and healthcare coalition partners to deliver medical care and treatment to patients. SJCEMSA also worked closely with the San Joaquin County Office of Emergency Services and the San Joaquin County Health Care Services Agency and other federal, state, and local partners to monitor and coordinate the local medical health response to the outbreak of COVID-19. SJCEMSA's response included the forward deployment of portable medical beds to all Acute Care Facilities in San Joaquin County, and coordination with Hospital Command centers for all seven (7) hospitals, skilled nursing and long term care facilities in San Joaquin County in response to increased patient census and issues with staffing shortages.

NEED(S):

Continue to monitor and coordinate local medical health response to COVID-19.

OBJECTIVE:

Maintain the ability of the EMS system and our healthcare coalition partners to deliver needed care and treatment to patients.

\boxtimes	Short-Range Plan	(one year or less)
	Long-Range Plan	(more than one year)

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

San Joaquin County has adopted the OES Region IV MCI plan for addressing medical management as a component of the ICS System. SJCEMSA is the designated Medical Health Operational Area Coordinator (MHOAC) program lead for San Joaquin County. coordinates all medical and health mutual aid resource requests within San Joaquin County. SJCEMSA has implemented emergency operations to assist acute care hospitals, long term care facilities, clinics, surgery centers, home health, hospice and emergency responders in an aggressive public health response to protect and care for the residents and visitors of San Joaquin County in the face of the global health risk.

NEED(S):

Continue to monitor and coordinate local medical health response to COVID-19.

OBJECTIVE:

Maintain the ability of the EMS system and our healthcare coalition partners to deliver needed care and treatment to patients.

TIME FRAME FOR MEETING OBJECTIVE:

∇	Short-Range	Plan	lone	Vear	or	loce	١
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☐ Long-Range Plan (more than one year)

FACILITIES AND CRITICAL CARE

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- · a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

On April 1, 2021, San Joaquin General Hospital (SJGH) was designated as a Level II Trauma Center by the SJCEMSA. The SJCEMS Agency has developed a trauma care system as set forth in EMS Policy Nos. 4701, 4709, 4710, 4712 Level II Trauma Center Standards, 4713 Level III Trauma Center Standards, 4720 Trauma Center Team Activation, 5700, 5210, and 5215, and a written agreement with San Joaquin General Hospital.

		101	90
NE	ED	(5)	:

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

DATA COLLECTION AND SYSTEM EVALUATION

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: MEETS MINIMUM STANDARD

The current San Joaquin County data management system supports system-wide planning and evaluation through the reliance of data collected using ePCRs as well as specific audit tools (e.g. advanced airway, STEMI) that incorporates both prehospital and in-hospital data. Most of the EMS system data collection is NEMSIS 3.4 compliant, with the remainder of the system moving from current CEMSIS v3.4 ePCR platforms to NEMSIS 3.4 compliant platforms.

COORDINATION WITH OTHER EMS AGENCIES:

NEEDS:

San Joaquin County EMS Agency will continue to work with ALS and BLS providers to ensure migration from CEMSIS v3.4 to NEMSIS 3.4 compliant platforms based upon state standards.

Develop an integrated data management system which includes system response and prehospital and in-hospital clinical data.

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

X Short-Range Plan (one year or less)

PUBLIC INFORMATION AND EDUCATION

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

RECOMMENDED GUIDELINES:

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

CURRENT STATUS: MEETS MINIMUM STANDARD

SJCEMSA coordinated the collection and submission of hospital COVID-19 related information received from each of the seven (7) Acute Care Facilities in San Joaquin County and compiled that information and issued daily press release that provided public with situational awareness of COVID-19 laboratory positive patient hospitalizations, Intensive Care Unit hospitalizations and current bed capacity. San Joaquin County Office of Emergency Services works actively with community organizations to ensure public preparedness for disasters and other emergencies. San Joaquin County EMS Agency oversees the registry for Disaster Healthcare Volunteers, Disaster Services Workers, and provides administrative support for the Emergency Preparedness Committee.

NEED)(S):
N/A	

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

DISASTER MEDICAL RESPONSE

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

SJCEMSA is the designated Medical Health Operational Area Coordinator (MHOAC) program lead for San Joaquin County and coordinates all medical and health mutual aid resource requests within San Joaquin County. SJCEMSA has implemented emergency operations to assist acute care hospitals, long term care facilities, clinics, surgery centers, home health, hospice and emergency responders in an aggressive public health response to protect and care for the residents and visitors of San Joaquin County in the face of the global health risk.

San Joaquin County has adopted the OES Region IV MCI Plan which has been integrated into the County's Multi-Function Hazard Plan. The EMS Agency has developed Policy No. 7101 EMS CHEMPACK Request Prehospital to ensure the appropriate use of the CHEMPACK in response to an organophosphate MCI.

<u>CHEMPACK Request Prehospital</u> to ensure the appropriate use of the CHEMPACK in respons	se
to an organophosphate MCI.	
COORDINATION WITH OTHER EMS AGENCIES:	
N/A	

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

RECOMMENDED GUIDELINES:

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

CURRENT STATUS: MEETS MINIMUM STANDARD

As the designated Medical Health Operational Area Coordinator (MHOAC) program lead for San Joaquin County, the SJCEMSA performed a wide range of disaster medical response activities (both COVID-19 related and non-COVID-19 related). SJCEMSA provided non-COVID-19 related assistance to ensure transfer of patients via ambulance from St. Helena's Hospital as a result of the wildfires; and provided COVID-19 related activities necessary to coordinate all medical and health mutual aid resource requests, and implement emergency operations to assist acute care hospitals, long term care facilities, clinics, surgery centers, home health, hospice, and emergency responders in San Joaquin County. SJCEMSA worked directly with the State of California EMS Authority, California Department of Public Health, and the Regional Disaster Medical Health Mutual Aid System to process resource requests for additional staffing and PPE to maintain the ability of the EMS system and healthcare coalition partners to deliver medical care and treatment to patients. San Joaquin County has adopted the OES Region IV MCI Plan which has been integrated into the County's Multi-Function Hazard Plan.

NEED(S): N/A	
OBJECTIVE: N/A	
TIME FRAME FOR MEETING OBJ	FCTI

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

RECOMMENDED GUIDELINES:

The local EMS agency should ensure that ICS training is provided for all medical providers.

CURRENT STATUS: MEETS MINIMUM STANDARD

SJCEMSA is the designated Medical Health Operational Area Coordinator (MHOAC) program lead for San Joaquin County and coordinates all medical and health mutual aid resource requests within San Joaquin County. SJCEMSA has implemented emergency operations to assist acute care hospitals, long term care facilities, clinics, surgery centers, home health, hospice and emergency responders in an aggressive public health response to protect and care for the residents and visitors of San Joaquin County in the face of the global health risk. All of San Joaquin County's EMS plans, policies and procedures conform to SEMS and NIMS. Additionally, all emergency ambulance personnel are required to complete eight hours of MCI training.

	_	_	(S	١
M	_	_		٠.
17	_	_	\cdot	

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

PROGRESS/OBJECTIVES

1.14 POLICY & PROCEDURES MANUAL

2020/2021 Objective: Continue to finish updating of treatment protocols as per the SJCEMSA policies.

Progress: Treatment protocol book were updated and released after for 45-day public comment.

4.05 RESPONSE TIME STANDARDS

2020/2021 Objective: Develop reports using CAD data to measure response time for all EMR service providers in San Joaquin County.

Progress: Objective partially met. Response time reports for EMRs produced for those EMS providers dispatched by the San Joaquin County Designated EMS Dispatch Center. Delays in the completion of new CAD project at Stockton Fire Department's Dispatch Center continue to prevent the successful completion of this objective. City of Stockton Emergency Medical Dispatch Center (ECD) has committed to providing SJCEMSA with direct access to its CAD data by December 31, 2021.

5.04 SPECIALTY CARE FACILITIES

2020/2021 Objective: Complete the Stroke Center designation process for Dameron Hospital.

Progress: Complete. The seventh and final hospital has been designated as a primary stroke center in San Joaquin County.

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TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agen	cy Administration:					
1.01	LEMSA Structure		Х	NA		
1.02	LEMSA Mission		Х	NA	-	
1.03	Public Input		Х	NA		
1.04	Medical Director		х	UNMET		
Plann	ing Activities:					
1.05	System Plan		Х	NA		
1.06	Annual Plan Update		х	NA		
1.07	Trauma Planning*		Х	NA	7	
1.08	ALS Planning*		Х	NA		
1.09	Inventory of Resources		Х	NA		
1.10	Special Populations		X	x		
1.11	System Participants		Х	x		
Regul	latory Activities:					
1.12	Review & Monitoring		X	NA	J.	
1.13	Coordination		X	NA		
1.14 Manual	Policy & Procedures		х	NA		
1.15	Compliance w/Policies		Х	NA		
Syste	m Finances:					
1.16	Funding Mechanism		X	NA		
Medic	al Direction:					
1.17	Medical Direction*		X	NA		
1.18	QA/QI		X	x		
1.19	Policies, Procedures, Protocols		Х	Х		

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		Х	NA		
1.21	Determination of Death		Х	NA		
1.22	Reporting of Abuse		Х	NA		
1.23	Interfacility Transfer		Х	NA		
Enha	nced Level: Advanced	Life Support				
1.24	ALS Systems		X	х		
1.25	On-Line Medical Direction		Х	х		
Enhan	ced Level: Trauma Care Sys	tem:				
1.26	Trauma System Plan		X	NA		
Enhan	ced Level: Pediatric Emerge	ncy Medical and Cr	itical Care System	m:		
1.27	Pediatric System Plan		X	NA		
Enhan	ced Level: Exclusive Operat	ing Areas:				
1.28	EOA Plan		X	NA		

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Loca	I EMS Agency:					
2.01	Assessment of Needs		Х	NA		
2.02	Approval of Training		x	NA		
2.03	Personnel		X	NA		
Dispa	atchers:					
2.04	Dispatch Training		x	Х	¥	
First	Responders (non	-transporting):				
2.05	First Responder Training		x	X		
2.06	Response		Х	NA		
2.07	Medical Control		X	NA		
Trans	sporting Personne	el:				
2.08	EMT-I Training		Х	Х		
Hosp	oital:					
2.09	CPR Training		Х	NA		
2.10	Advanced Life Support		X	NA		
Enha	nced Level: Adva	nced Life Suppor	rt:			
2.11	Accreditation Process		X	NA		
2.12	Early Defibrillation		X	NA		
2.13	Base Hospital Personnel		X	NA		

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Com	munications Equi	oment:				
3.01	Communication Plan*		Х	X		
3.02	Radios		Х	X		
3.03	Interfacility Transfer*		X	NA		
3.04	Dispatch Center		X	NA		
3.05	Hospitals		Х	X		
3.06	MCI/Disasters		Х	NA		
Publi	c Access:					
3.07	9-1-1 Planning/ Coordination		X	x		
3.08	9-1-1 Public Education		X	NA		
Reso	urce Management					
3.09	Dispatch Triage		Х	X		
3.10 Dispa	Integrated itch		х	х		

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Unive	rsal Level:		MI SUSSI			
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests	1	Х	NA		
4.04	Prescheduled Responses		x	NA		
4.05	Response Time*		X	UMMET	X	
4.06	Staffing		Х	NA		
4.07	First Responder Agencies		х	NA		
4.08	Medical & Rescue Aircraft*		Х	NA		
4.09	Air Dispatch Center		X	NA		
4.10	Aircraft Availability*		Х	NA		
4.11	Specialty Vehicles*		Х	UNMET		
4.12	Disaster Response		Х	NA		
4.13	Intercounty Response*		х	х		
4.14	Incident Command System	*	Х	NA		
4.15	MCI Plans		X	NA		
Enha	nced Level: Advance	d Life Support:				
4.16	ALS Staffing		Х	X		
4.17	ALS Equipment		Х	NA		
Enha	nced Level: Ambulan	ce Regulation:				
4.18	Compliance		x	NA		
Enha	nced Level: Exclusive	e Operating Per	mits:			
4.19	Transportation Plan		Х	NA		
4.20	"Grandfathering"		X	NA		
4.21	Compliance		X	NA		
4.22	Evaluation		X	NA		

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Unive	rsal Level:				NOT THE REAL	
5.01	Assessment of Capabilities		x	X		
5.02	Triage & Transfer Protocols*		X	NA		
5.03	Transfer Guidelines*		x	NA		
5.04	Specialty Care Facilities*		x	NA		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		Х	NA		
Enha	nced Level: Advan	ced Life Suppo	rt:			
5.07	Base Hospital Designation*		×	NA		
Enha	nced Level: Traum	a Care System:				
5.08	Trauma System Design		x	NA		
5.09	Public Input		Х	NA		
Enha	nced Level: Pediati	ric Emergency I	Medical and C	ritical Care Syste	m:	
5.10	Pediatric System Design		x	NA		
5.11	Emergency Departments		X	UNMET		X
5.12	Public Input		Х	NA		X
Enha	nced Level: Other	Specialty Care S	Systems:			
5.13	Specialty System Design		х	NA		Х
5.14	Public Input		x	NA		

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Unive	rsal Level:					
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		Х	NA		
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		Х	NA		
6.05	Data Management System*		х	х		
6.06	System Design Evaluation		Х	NA		
6.07	Provider Participation		Х	NA		
6.08	Reporting		X	NA		
Enha	nced Level: Advance	d Life Suppo	ort:			
6.09	ALS Audit		Х	UNMET		
Enha	nced Level: Trauma C	are System:				
6.10	Trauma System Evaluation		x	NA		
6.11	Trauma Center Data		Х	X		

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Unive	rsal Level:					
7.01	Public Information Materials		×	х		
7.02	Injury Control		Х	X		
7.03	Disaster Preparedness		X	х		
7.04	First Aid & CPR Training		x	UNMET		

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Unive	rsal Level:					
8.01	Disaster Medical Planning*		X	NA		
8.02	Response Plans		X	X		
8.03	HazMat Training		Х	NA		
8.04	Incident Command System		Х	Х		
8.05	Distribution of Casualties*		x	X		
8.06	Needs Assessment		Х	X		
8.07	Disaster Communications*		х	NA		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	x		
8.10	Mutual Aid Agreements*		x	NA		
8.11	CCP Designation*		X	NA		
8.12	Establishment of CCPs		×	NA		
8.13	Disaster Medical Training		×	x		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		×	NA		
8.16	Prehospital Agency Plans		x	X		
Enha	nced Level: Advance	ed Life Support:				
8.17	ALS Policies		Х	NA		
Enha	nced Level: Specialt	y Care Systems:				
8.18	Specialty Center Roles		х	NA		
Enha	nced Level: Exclusiv	e Operating Area	as/Ambulanc	e Regulations:		
8.19	Waiving Exclusivity		Х	NA		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Re	eporting	g Year:	2020-2021	
NC	DTE:	Number (1) belo	ow is to be completed for each county. The balance of Table	2 refers to each agency.
1.			ation served by each level of care by county: maximum level of service offered; the total of a, b, a	nd c should equal 100%.)
Co	ounty:	San Joaquin C	County EMS Agency	
В.	Limite	Life Support (ed Advanced L nced Life Supp	ife Support (LALS)	0 % 0 % 100 %
2.	a)	Other (non-he	h Services Agency ealth) County Department Agency Profit Entity	B
3.	The position a) b) c) d)	Public Health	es Agency Director/Administrator	ts to <u>B</u>
4.	Indica	te the non-requ	uired functions which are performed by the agency:	
	Des Des Des Des Des Enf	signation of transignation/approsignation of ST signation of Stransignation of other concernent of transignation of transigna	oke centers ler critical care centers ansfer agreements cal ambulance ordinance nbulance service contracts	Yes

Table 2 - System Organization & Management (cont.)

Total Revenue	\$3,146,967
Net County Cost (General Fund)	\$885,332
Fund Transfers	\$24,000
Penalties and Fines	\$301,000
Charges for Services	\$524,487
Intergovernmental Revenue (grants)	\$297,554
Licenses, Permits, Franchises	\$1,114,594
6. SOURCES OF REVENUE	
Total Expenses	\$3,146,967
Centrally Budgeted	(\$203,864)
Services and Supplies	\$938,558
Salaries and benefits	\$2,004,545
5. EXPENSES	
Other:	
Other:	
Other:	9A7.
Administration of EMS Fund [Senate Bill (SB) 12/612]	Yes
Administration of disaster medical assistance team (DMAT)	N/A
Administration of critical incident stress debriefing team (CISD)	No
Non-medical disaster planning	Assists
Operation of oversight of EMS dispatch center	Yes
Personnel training	Yes
Continuing education	Yes

Table 2 - System Organization & Management (cont.)

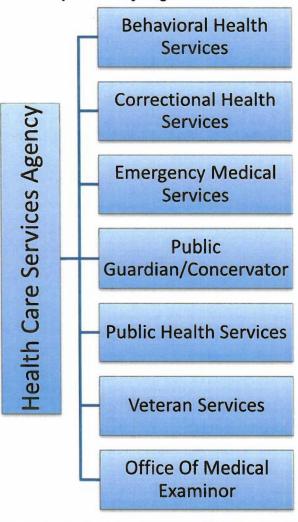
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1FTE	\$62	36%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Coordinator	1FTE	\$52	36%	
ALS Coord./Field Coord./ Training Coordinator	Prehospital Care Coordinator	1FTE	\$41	36%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	1FTE	\$37	36%	
Trauma Coordinator	Trauma Coordinator EMS Critical Care Coordinator	1FTE	\$62 \$62	36% 36%	
Medical Director	Medical Director	.25FTE	\$150	0%	Contract
Disaster Medical Planner	Regional Disaster Medical Health Specialist And Disaster Medical Health Specialist	1FTE		36%	

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor		8		+	
Medical Planner					
Data Evaluator/Analyst	EMS Analyst	2FTE	\$41	36%	Responsible for ambulance contract oversight.
QA/QI Coordinator	See Prehospital Care Coordinator				
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Office Technician Coordinator	1FTE	\$23	36%	
Other Clerical	Accounting Technician I	1FTE	\$25	36%	
Other					

Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

San Joaquin County Organizational Charts



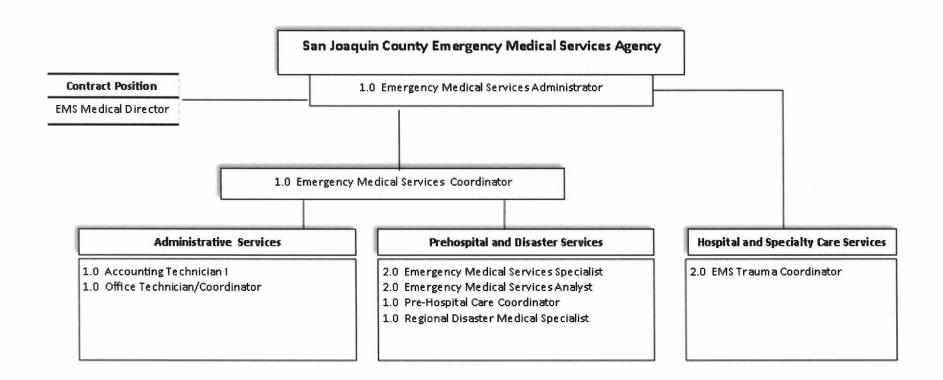


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - PERSONNEL/TRAINING

Reporting Year: 2020-2021

NOTE: Table 3 is to be reported by agency.

	EMTs	EMDs	EMT - Ps	MICN
Total Certified	856	67		49
Number newly certified this year	126	19		13
Number recertified this year	324	14		26
Total number of accredited personnel on July 1 of the reporting year			334	
Number of certification reviews resulting in:				
a) formal investigations	13	3		1
b) probation	2	1	0	0
c) suspensions	0		0	0
d) revocations	1			0
e) denials	2			0
f) denials of renewal	0			0
g) no action taken	8	2		1

1.	Early	defibrillation
1.	Lally	delibrillation

a) Number of EMT-I (defib) authorized to use AEDsb) Number of public safety (defib) certified (non-EMT-I)

856 17

2. Do you have an EMR training program

☑ yes □

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - COMMUNICATIONS

Note	e: Table 4 is to be answered for each county.	
Cou	nty: San Joaquin County EMS Agency	
Rep	orting Year: _2020-2021 (fiscal year)	
1.	Number of primary Public Service Answering Points (PSAP)	8
2.	Number of secondary PSAPs	2
3.	Number of dispatch centers directly dispatching ambulances	1
4.	Number of EMS dispatch agencies utilizing EMD guidelines	2
5.	Number of designated dispatch centers for EMS Aircraft	1
6.	Who is your primary dispatch agency for day-to-day emergencies? Valley Regional Emergency Communications Center	
7.	Who is your primary dispatch agency for a disaster? Valley Regional Emergency Communications Center	9
8.	Do you have an operational area disaster communication system? a. Radio primary frequency <u>CALCORD</u>	⊠Yes □ No
	b. Other methods	
	c. Can all medical response units communicate on the same disaster communications system?	☑ Yes □ No
	d. Do you participate in the Operational Area Satellite Information System (OASIS)?	□ Yes ☑ No
	e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	☑ Yes □ No
	1) Within the operational area?2) Between operation area and the region and/or state?	☑ Yes □ No ☑ Yes □ No

TABLE 5: SYSTEM RESOURCES AND OPERATIONS - RESPONSE/TRANSPORTATION

Reporting Year: 2020-2021 (fiscal year)

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

Number of EMT-Defibrillation providers ____18___

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	7:29 min	9:29 min/17:29 min	29:29 min	N/A

TABLE 6: SYSTEM RESOURCES & OPERATIONS – FACILITIES/CRITICAL CARE

Reporting Year:

2020-2021

NOTE: Table 6 is to be reported by agency.

Trauma

- a) Number of patients meeting trauma triage criteria: 2020/21: 1900 (prehospital criteria) (Number of patients meeting in-hospital trauma triage criteria at SJGH: 4215)
- b) Number of major trauma victims transported directly to a trauma center by ambulance: 2020/21: 3495
- c) Number of major trauma patients transferred to a trauma center: 2020/21:391
- d) Number of patients meeting triage criteria who weren't treated at a trauma center: Unknown (not collected as an aggregate)

Emergency Departments

Total number of emergency departments	7
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	7
d) Number of comprehensive emergency services	0
Receiving Hospitals	
1. Number of receiving hospitals with written agreements	6
2. Number of base hospitals with written agreements	1

TABL	E 7: SYSTEM RESOUR	CES AND OPERATIONS DISASTER MEDIC	AL
Repo	orting Year: 2020	0-2021 (fiscal year)	
Cour	ty: <u>San</u>	Joaquin County	
NOT	E: Table 7 is to be an	swered for each county.	
SYST	TEM RESOURCES		
1.	Casualty Collections	s Points (CCP)	
	a. Where are your C	CCPs located? Stockton Metropolitan Air	<u>rport</u>
	b. How are they staf	fed? Depending on the purpose, the C	CP would be staffed with one or
more	of the following; first r	esponders, ambulance personnel, Disas	ter Healthcare Volunteers,
CAL	MAT, DMAT.		
	c. Do you have a su	pply system for supporting them for 72 he	ours? ☑ Yes ☐ No
2.	CISD		
		provider with 24 hour capability?	☑ Yes □ No
3.	Medical Response T		* 677 677
	a. Do you have any	team medical response capability?	☑ Yes □ No
	b. For each team, ar	re they incorporated into your local?	
	response plan?	- mo, morporatou mo , cui recuir	☑ Yes □ No
	c. Are they available	for statewide response?	☐ Yes ☑ No
	d. Are they part of a	formal out-of-state response system?	☐ Yes ☑ No
4.	Hazardous Materials		2
		HazMat trained medical response teams	
0		evel are they trained? Specialist, Techr	
Opera	**************************************	ns (FRO Decon) and First Responder Op	perations (FKO)
		ability to do decontamination in an	⊠Yes □ No
	emergency room	<i>!</i>	⊻Yes ⊔ No

d. Do you have the ability to do decontamination in the field?

☑ Yes □ No

OPERATIONS

1.	Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?) ☑ Yes □ No
2.	What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?	8
3.	Have you tested your MCI Plan this year in a:	
	a. real event?	☑ Yes □ No
	b. exercise?	☑ Yes □ No
4.	List all counties with which you have a written medical mutual aid agreement.	
	All Counties of Region IV: Alpine, Amador, Calaveras, El Dorado, Neva	<u>ada, Placer,</u>
	Sacramento, Stanislaus, Tuolumne, Yolo	
5.	Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	☑ Yes □ No
6.	Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?	☑ Yes □ No
7.	Are you part of a multi-county EMS system for disaster response?	□ Yes ☑ No
8.	Are you a separate department or agency?	☑ Yes □ No
9.	If not, to whom do you report?	
8.	If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?	₩ Ves □ No

TABLE 8: RESOURCE DIRECTORY - RESPONSE/TRANSPORTATION/PROVIDERS

Reporting Year:	<u> 2020-2</u>	<u>021</u>	Respons	e/Tran	sportation/Provide	ers			
		Note: Table 8 is to be	e completed	or eac	h provider by count	y. Make copies as	needed.		
County: San J	oaquin C	ounty	Provider:	Ame	rican Medical Respo	onse	Response Zo	ne: _	X
	55 West			Numi	per of Ambulance	Vehicles in Fleet:	_52		
Phone	осктоп, С 19-948-51	A 95204 36			age Number of Am :00 p.m. (noon) on		40		
Written Contra	act:	Medical Director:	System		able 24 Hours:		Level	of Servi	ce:
✓ Yes □ N	No	✓ Yes 🛚 No	,	Yes	□ No	✓ Transport □ Non-Transpo	ort ✓ BL	T DV	igit 🗆 Air
Ownership	<u>):</u>	If Public:	<u>If</u>	Public	;	If Air:			Air Classification:
□ Public ✓ Private		☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Federa		County Fire District	☐ Rotary ☐ Fixed W	ing	□ Ai	uxiliary Rescue ir Ambulance LS Rescue LS Rescue
50,259 Numb	per of eme	of responses ergency responses -emergency responses			rting Agencies 61,812 3,785 58,027	Total number of tr Number of emerg Number of non-er	ency transpor		
			Air	AMDL	Ilance Services				

Total number of transports

Number of emergency transports

Total number of responses

Number of emergency responses

Reporting Year:

2020-2021

		Note: Table 8 is to be	e completed i	for each provider by count	y. Make copies as needed.	
County:	San Joaquin C	County	Provider:	Manteca District Ambula	nce Response Z	one: D
Address:	P.O. Box 2			Number of Ambulance	Vehicles in Fleet: _5	
	Manteca, C	CA 95336				
Phone Number:	209-823-10	032		Average Number of Am At 12:00 p.m. (noon) on		
Written	Contract:	Medical Director:	System	Available 24 Hours:	Leve	of Service:
✓ Ye	s 🗆 No	✓ Yes □ No	☐ Non-Transport ☐ BLS ✓ 7-Digit ☐ ☐ LALS ☐ CO		S ✓ 7-Digit 🛘 Air	
<u>Owr</u>	ership:	<u>lf Public:</u>	<u>lf</u>	Public:	<u>lf Air:</u>	Air Classification:
□ Pi ✓ Pri		☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
13,846 9,192 4,654		of responses ergency responses n-emergency responses	<u>Tr</u>	7,888 557 7,331	Total number of transports Number of emergency transports Number of non-emergency transports	
	Total number of em	of responses ergency responses	<u>Air</u>	Ambulance Services	Total number of transports Number of emergency transports	orts

Reporting Year:

2020-2021

	Note: Table 8 is to be	completed for each provider by count	y. Make copies as needed.	
County: San Joaquin C	County	Provider: Ripon Fire Protection Dis	strict Ambulance Response	Zone: E
Address: 142 S. Stor	ckton Avenue 95366	Number of Ambulance	Vehicles in Fleet: 2	
Phone Number: 209-599-42	209	Average Number of Am At 12:00 p.m. (noon) on		
Written Contract:	Medical Director:	System Available 24 Hours:	Level	of Service:
✓ Yes 🗖 No	✓ Yes 🗖 No	✓ Yes 🗖 No	✓ Transport ✓ ALS □ Non-Transport □ BL3 □ L/	✓ 9-1-1 ✓ Ground S ✓ 7-Digit □ Air ALS □ CCT □ Water □ IFT
Ownership:	If Public:	<u>If Public</u> :	<u>lf Air:</u>	Air Classification:
✓ Public □ Private	✓ Fire □ Law □ Other Explain:	☐ City ☐ County ☐ State ✓ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
570 Number of nor Total number	nergency responses n-emergency responses	Transporting Agencies 859 72 787 Air Ambulance Services	Total number of transports Number of emergency transports Number of non-emergency transports Total number of transports Number of emergency transports	nsports

Reporting Year: 2020-2021 Response/Transportation/Providers Note: Table 8 is to be completed for each provider by county. Make copies as needed. Provider: Escalon Community Ambulance San Joaquin County Response Zone: County: Number of Ambulance Vehicles in Fleet: 2 Address: PO Box 212 Escalon, CA 95320 Average Number of Ambulances on Duty Phone At 12:00 p.m. (noon) on Any Given Day: Number: 209-838-1351 **Medical Director:** System Available 24 Hours: Level of Service: **Written Contract:** ✓ Transport ✓ ALS √ 9-1-1
✓ Ground ✓ Yes □ No ✓ Yes □ No ✓ Yes □ No ■ Non-Transport ✓ BLS ✓ 7-Digit □ Air ☐ LALS □ CCT □ Water ✓ IFT If Air: Air Classification: Ownership: If Public: If Public: ☐ Fire □ Rotary Auxiliary Rescue ☐ Public ☐ City ☐ County ✓ Private ☐ Law ☐ State ☐ Fire District ☐ Fixed Wing ☐ Air Ambulance □ Other ☐ Federal □ ALS Rescue Explain: □ BLS Rescue **Transporting Agencies** 1,194 Total number of responses 782 Total number of transports Number of emergency transports Number of emergency responses 781 49 Number of non-emergency transports 413 Number of non-emergency responses 733 Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports

Table 8: Resource Directory

Reporting Year:

2020-2021

Note: Table 8 is to be completed for each provider by county. Make copies as needed.							
County: San Joaquin		Provider: Active Transport Medica	I Services, LLC Response Z	one: County-wide			
Address: 2626 W La		Number of Ambulance \	Vehicles in Fleet: 1				
Phone Number: 209-888-1		Average Number of Am At 12:00 p.m. (noon) on					
Written Contract:	Medical Director:	System Available 24 Hours:	Level	of Service:			
☐ Yes ✓ No	✓ Yes □ No	✓ Yes 🗖 No	☐ Non-Transport ✓ BL	_S □ 9-1-1			
Ownership:	If Public:	<u>If Public</u> :	<u>lf Air:</u>	Air Classification:			
☐ Public ✓ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue			
	of responses nergency responses n-emergency responses	Transporting Agencies 4 0 4	Total number of transports Number of emergency transports Number of non-emergency tra				
Total number Number of en	of responses nergency responses	Air Ambulance Services	Total number of transports Number of emergency transports	orts			

Reporting Year:

2020-2021

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: San Joaquin		Provider: _Amwest Ambulance	Response 2	Zone: County-wide
Address: 5551 Cicc.		Number of Ambulance	Vehicles in Fleet:4_	
Phone Number: 866-925-2		Average Number of Am At 12:00 p.m. (noon) on		
Written Contract:	Medical Director:	System Available 24 Hours:	Leve	l of Service:
☐ Yes ✓ No	✓ Yes □ No	✓ Yes 🗖 No	☐ Non-Transport ✓ BL	LS □ 9-1-1
Ownership:	If Public:	<u>If Public</u> :	<u>lf Air:</u>	Air Classification:
□ Public ✓ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue
	of responses nergency responses n-emergency responses	Transporting Agencies 920 0 920	Total number of transports Number of emergency transports Number of non-emergency tra	
	of responses nergency responses	Air Ambulance Services	Total number of transports Number of emergency transports	orts

Reporting Year:

2020-2021

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: San Joaquin Response Zone: Provider: Bay Medic Transportation County-wide Address: 959 Detroit Ave Number of Ambulance Vehicles in Fleet: 5 Concord, CA 94518 Phone Average Number of Ambulances on Duty Number: 916-381-9000 At 12:00 p.m. (noon) on Any Given Day: **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ✓ No ✓ Yes □ No. ✓ Yes ☐ No ✓ Transport □ ALS □ 9-1-1 ✓ Ground ☐ Non-Transport ✓ BLS ✓ 7-Digit □ Air □ CCT □ Water ☐ LALS ✓ IFT Ownership: If Public: If Public: If Air: **Air Classification:** □ Public ☐ Fire ☐ City ☐ Auxiliary Rescue □ County □ Rotary Private □ Law State ☐ Fire District ☐ Fixed Wing ☐ Air Ambulance ☐ Other ☐ Federal ☐ ALS Rescue Explain: ☐ BLS Rescue **Transporting Agencies** 151 Total number of responses 151 Total number of transports 0 Number of emergency responses 0 Number of emergency transports 151 Number of non-emergency responses 151 Number of non-emergency transports Air Ambulance Services Total number of transports Total number of responses

Number of emergency transports

Number of emergency responses

Reporting Year:

2020-2021

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: S	an Joaquin		Provider:	Citizens Medical Respon	nse Respon	nse Zone:	County-wide
Address:	8030 Lorra	nine Avenue, Ste. 336		Number of Ambulance	Vehicles in Fleet:	_6	
Phone Number:	800-400-12	s organia		Average Number of Am At 12:00 p.m. (noon) on		6	
Written Co	ontract:	Medical Director:	System	Available 24 Hours:		Level of Se	ervice:
□ Yes	√ No	✓ Yes □ No		√ Yes □ No	The state of the s	□ ALS □ ✓ BLS ✓ □ CCT □ LALS	7-Digit □ Air □ Water
Owner	ship:	If Public:	<u>If</u>	Public:	If Air:		Air Classification:
□ Publ ✓ Priva	353	☐ Fire ☐ Law ☐ Other Explain:	☐ City☐ State☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	0	ALS Rescue
0 N	lumber of em	of responses nergency responses n-emergency responses	<u>Tı</u>	2601 0 2601	Total number of transpor Number of emergency tra Number of non-emergen	ansports	ts
		of responses nergency responses	<u>Ai</u>	r Ambulance Services	Total number of transpor Number of emergency tra		

Reporting Year:

2020-2021

	Note: Table 8 is to be completed for each provider by county. Make copies as needed.						
County:	San Joaquin C	County	Provider:	Protransport-1, LLC	Respo	nse Zone:	County-wide
Address:	P.O. Box 2	332 a, CA 95405		Number of Ambulance	Vehicles in Fleet:	4 Availab	ole for ASAP requests
Phone Number:	707-586-40			Average Number of Am At 12:00 p.m. (noon) on		1	
Written	Contract:	Medical Director:	System	Available 24 Hours:		Level of Se	ervice:
□ Ye	s ✓ No	□ Yes ✓No	Provider is	☐ Yes ✓ No non-emergency only. 24 e availability not	✓ Transport □ Non-Transport ✓ 7-Digit □ CCT	□ ALS ✓ BLS Γ □ Wate	□ 9-1-1 ✓ Ground □ LALS □ Air er ✓ IFT
<u>Own</u>	ership:	<u>If Public:</u>	<u>If</u>	Public:	<u>lf Air:</u>		Air Classification:
	ublic ivate	☐ Fire ☐ Law ☐ Other Explain:	City County State Fire District Federal		☐ Rotary ☐ Fixed Wing	000	Air Ambulance ALS Rescue
2,043 0 2,043		of responses ergency responses n-emergency responses	<u>Tr</u>	0	Total number of transport Number of emergency tra Number of non-emergenc	ansports	s
Total number of responses Number of emergency responses Air Ambulance Services Total number of transports Number of emergency transports							

Reporting Year:

2020-2021

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: San Joaquin Provider: NorCal Ambulance Response Zone: County-wide Address: 6761 Sierra Ct. Suite G Number of Ambulance Vehicles in Fleet: 6 Dublin, CA 94568 Phone Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: Number: 916-860-7900 **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ☐ Yes ✓ No ✓ Yes □ No ✓ Yes □ No. ✓ Transport ☐ ALS ☐ 9-1-1 ✓ Ground ■ Non-Transport ✓ BLS ✓ 7-Digit □ Air □ CCT □ Water ☐ LALS ✓ IFT Ownership: If Public: If Public: If Air: **Air Classification:** Public ☐ Fire ☐ City ☐ Auxiliary Rescue □ County □ Rotary ✓ Private ☐ Law ☐ State ☐ Fire District ☐ Fixed Wing ☐ Air Ambulance □ Other ☐ Federal ☐ ALS Rescue Explain: □ BLS Rescue **Transporting Agencies** 11,034 12.510 Total number of responses Total number of transports Number of emergency responses 0 0 Number of emergency transports 12,510 Number of non-emergency responses 11.034 Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports

Reporting Year:

2020-2021

Note: Table 6 is to be completed for each provider by county. Make copies as needed.							
County: San Joaquin		Provider: Sacramento Valley Amb	ulance Response Z	one: County-wide			
	au Wood Lane. Suite 4 o, CA 95822	Number of Ambulance	Vehicles in Fleet:5_				
Phone Number: 916- 736-2	500	Average Number of Am At 12:00 p.m. (noon) on					
Written Contract:	Medical Director:	System Available 24 Hours:	Level	of Service:			
☐ Yes ✓ No	✓ Yes 🗖 No	✓ Yes 🗖 No	☐ Non-Transport ✓ BL	.S □ 9-1-1			
Ownership:	If Public:	If Public:	<u>lf Air:</u>	Air Classification:			
☐ Public ✓ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ County ☐ State ☐ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue			
	of responses ergency responses n-emergency responses	Transporting Agencies 1504 0 1504	Total number of transports Number of emergency transpo				
Total number of em	of responses ergency responses	Air Ambulance Services	Total number of transports Number of emergency transports	orts			

Table 8: Resource Directory Reporting Year: 2020-2021 Response/Transportation/Providers Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: San Joaquin **Provider:** Stockton Fire Department (ALS) Response Zone: Address: 425 N. El Dorado Street Number of Ambulance Vehicles in Fleet: Stockton, CA 95202 Phone Average Number of Ambulances on Duty Number: (209)-937-8022 At 12:00 p.m. (noon) on Any Given Day: **Written Contract: Medical Director:** System Available 24 Hours: Level of Service: ✓ Yes □ No ✓ Yes □ No ✓ Yes □ No ☐ Transport ✓ ALS ✓ 9-1-1 ✓ Ground ✓ Non-Transport ☐ BLS ☐ 7-Digit ☐ Air □ CCT ■ Water □ IFT Ownership: If Public: If Public: If Air: **Air Classification:** √Public ✓ Fire ✓ City ☐ Auxiliary Rescue □ County □ Rotary ☐ Private ☐ Law ☐ State ☐ Fire District ☐ Fixed Wing ☐ Air Ambulance □ Other □ Federal ☐ ALS Rescue Explain: □ BLS Rescue **Transporting Agencies** 353 Total number of responses * Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency transports Number of emergency responses

San Joaquin County EMS Agency Emergency Medical Services Plan Update 2021

* Based on patient care records

Reporting Year:

2020-2021

		Note: Table 8 is to be	comple	ted for eac	n provider by county	y. Make copies as needed	•	
County: Sa	an Joaquin		Provide	er: Sout	h County Fire Dep	artment (ALS) Respon	se Zone:	-
Address:	835 Centra	W-11-1000-000		Numb	er of Ambulance	Vehicles in Fleet:	0	
Phone Number:	Tracy, CA (209) 759-3				ge Number of Am 00 p.m. (noon) on	bulances on Duty Any Given Day:		
Written Co	ntract:	Medical Director:	Sys	tem Availa	ble 24 Hours:	Ī	evel of Se	ervice:
✓ Yes	□ No	✓ Yes 🛚 No		✓ Yes	□ No	✓ Non-Transport □	✓ 9-1-1 I BLS □ CCT □ IFT	✓ Ground □ 7-Digit □ Air □ Water
Owners	ship:	<u>lf Public:</u>		If Public		<u>lf Air:</u>		Air Classification:
✓ Public ☐ Private	50	✓ Fire □ Law □ Other Explain:	✓ City □ Sta □ Fee		County Fire District	☐ Rotary ☐ Fixed Wing	0	Air Ambulance ALS Rescue
		•		Transpor	ting Agencies			
Nu Nu	ımber of em	of responses* ergency responses n-emergency responses		Air Ambu	lance Services	Total number of transports Number of emergency tra Number of non-emergence	nsports	ts
		of responses ergency responses				Total number of transport Number of emergency tra		
* Based on pat	ient care re	cords						

Reporting Year:

2020-2021

		Note: Table 8 is to be	completed	for each provider by county	/. Make copies as needed.	
County:	San Joaquin		Provider:	Clements Fire District	Response Z	one:
Address:	P.O. Box 5			Number of Ambulance \	Vehicles in Fleet:	
Phone Number:	(209) 759-3	3371		Average Number of Am At 12:00 p.m. (noon) on		
Written	Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service:
✓ Yes	s 🗆 No	□ Yes ✓ No	,	∕ Yes □ No	☐ Transport ☐ ALS ✓ Non-Transport ✓ BLS ☐ C☐ IF	G □ 7-Digit □ Air CCT □ Water
0	lelie -	If Dock it as		D. L.V.	W A 1	Al- Olar Iffer Com
D. 633300	ership: ublic vate	If Public: ✓ Fire □ Law □ Other Explain:	☐ City☐ State☐ Federa	Public: ☐ County ✓ Fire District	<u>If Air:</u> ☐ Rotary ☐ Fixed Wing	Air Classification: Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
147		of responses ergency responses n-emergency responses		Ambulance Services	Total number of transports Number of emergency transpo Number of non-emergency tra	
	Total number of em	of responses ergency responses			Total number of transports Number of emergency transport	orts

Reporting Year:

2020-2021

		Note: Table 6 is to be	completed i	or each provider by county	7. Make copies as needed.		
County: Sa	an Joaquin		Provider:	Collegeville Fire Distric	Response Z	one:	
Address:	13225 E. M	lariposa Road	Number of Ambulance Vehicles in Fleet:				
	Stockton, C	CA 95215					
Phone Number: (209) 462-3838			Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:				
Written Co	ontract:	Medical Director:	System Available 24 Hours: Level of Service:		of Service:		
✓ Yes □ No □ Yes ✓ No		☐ Yes ✓ No	٧	∕Yes □ No	☐ Transport ☐ ALS ✓ 9-1-1 ✓ Ground ✓ Non-Transport ✓ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT		
Ownership: If Public:		<u>If Public:</u>	<u>If I</u>	Public:	<u>lf Air:</u>	Air Classification:	
✓ Public □ Private		✓ Fire □ Law □ Other Explain:	☐ City ☐ State ☐ Federal	☐ County ✓Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue	
			Tra	nsporting Agencies			
78 Total number of responses Number of emergency responses Number of non-emergency responses			<u>Air</u>	Ambulance Services	Total number of transports Number of emergency transports Number of non-emergency transports		
Total number of responses Number of emergency responses					Total number of transports Number of emergency transport	orts	
* Based on par	tient care re	cords					

Reporting Year:

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Note: Table 8 is to be completed for each provider by county. Make copies as needed.							
County: _	San Joaquin		Provider:	Escalon Fire District	Response Z	one:	
Address:	dress: 1749 Coley Avenue Escalon, CA 95320			Number of Ambulance \	Vehicles in Fleet:		
Phone Number:	(209) 838-7		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:				
Written (Contract:	Medical Director:	System Available 24 Hours:		Level of Service:		
✓ Yes □ No □ Yes ✓ No		,	∕ Yes □ No	☐ Transport ☐ ALS ✓ 9-1-1 ✓ Ground ✓ Non-Transport ✓ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT			
Ownership: If Public:		<u>If</u>	Public:	<u>lf Air:</u>	Air Classification:		
✓ Public ☐ Private ☐ Law ☐ Other Explain:		☐ City☐ State☐ Federa	☐ County ✓ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue		
			Tr	ansporting Agencies			
Total number of responses Number of emergency responses Number of non-emergency responses		Total number of transports Number of emergency transports Number of non-emergency transports Air Ambulance Services					
Total number of responses Number of emergency responses					Total number of transports Number of emergency transports	orts	

Reporting Year:

2020-2021

Note: Table 8 is to be completed for each provider by county. Make copies as needed.							
County:	San Joaquin		Provider:	Farmington Fire Distric	et Response Z	one:	
Address:	Address: P.O. Box 25 Farmington, CA 95230			Number of Ambulance \	Vehicles in Fleet:		
Phone Number:		Average Number of Ambulances on Duty (209) 886-5321 At 12:00 p.m. (noon) on Any Given Day:					
Written	Contract:	Medical Director:	System	System Available 24 Hours: Level of Service:		of Service:	
✓ Yes □ No □ Yes ✓ No		,	∕Yes □ No	☐ Transport ☐ ALS ✓ 9-1-1 ✓ Ground ✓ Non-Transport ✓ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT			
Ownership: If Public:		If Public:	<u> </u>	Public:	<u>If Air:</u>	Air Classification:	
☐ Private ☐ L		□ Law	☐ City☐ State☐ Federa	☐ County ✓ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue	
19) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Tra	ansporting Agencies			
123 Total number of responses Number of emergency responses Number of non-emergency responses			Total number of transports Number of emergency transports Number of non-emergency transports Air Ambulance Services				
Total number of responses Number of emergency responses					Total number of transports Number of emergency transport	orts	

Reporting Year:

2020-2021

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. County: San Joaquin Provider: French Camp-McKinley Fire District Response Zone: Address: P.O. Box 790 Number of Ambulance Vehicles in Fleet: French Camp, CA 95231 Phone Average Number of Ambulances on Duty Number: (209) 982-0592 At 12:00 p.m. (noon) on Any Given Day: **Written Contract: Medical Director:** System Available 24 Hours: **Level of Service:** ✓ Yes □ No ☐ Yes ✓ No ✓ Yes □ No. ☐ Transport ☐ ALS ✓ 9-1-1 ✓ Ground ✓ Non-Transport ✓ BLS ☐ 7-Digit ☐ Air □ CCT □ Water □ IFT Ownership: If Public: If Public: If Air: Air Classification: ✓ Public ✓ Fire ☐ City ☐ County □ Rotary ☐ Auxiliary Rescue Private Law State ✓ Fire District ☐ Fixed Wing ☐ Air Ambulance □ Other □ Federal ☐ ALS Rescue Explain: ☐ BLS Rescue **Transporting Agencies** 530 Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports Air Ambulance Services Total number of responses Total number of transports Number of emergency responses Number of emergency transports

Reporting Year:

2020-2021

Response/Transportation/Providers

	Note: Table 8 is to be	e completed for each provider by county	y. Make copies as needed.				
County: San Joaquin		Provider: Lathrop-Manteca Fire 0	District Response Z	one:			
Address: 19001 Somerston Parkway		Number of Ambulance Vehicles in Fleet:					
Lathrop, C Phone Number: (209) 941-		Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:					
Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:				
✓ Yes □ No □ Yes ✓ No		✓ Yes 🗖 No	✓ Yes □ No □ Transport □ ALS ✓ 9-1-1 ✓ Ground ✓ Non-Transport ✓ BLS □ 7-Digit □ Air □ CCT □ Water □ IFT				
Ownership: If Public:		<u>If Public</u> :	<u>If Air:</u>	Air Classification:			
✓ Public ☐ Private	✓ Fire □ Law □ Other Explain:	☐ City ☐ County ☐ State ✓ Fire District ☐ Federal	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue			
		Transporting Agencies	•				
1,601 Total number of responses* Number of emergency responses Number of non-emergency responses		Air Ambulance Services	Total number of transports Number of emergency transports Number of non-emergency transports				
Number of no	nergency responses n-emergency responses		Total number of transports Number of emergency transports Number of non-emergency transports				
Based on patient care re	ecords						

San Joaquin County EMS Agency Emergency Medical Services Plan Update 2021

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Note: Table 8 is to be completed for each provider by county. Make copies as needed.								
County: San Joaquin	***	Provider:	Liberty Fire District	Response Z	one:			
Address: 24124 N. Bruella Road Acampo, CA 95220			Number of Ambulance \					
	Phone Average Number of Ambulances on Duty Number: (209) 339-1329 At 12:00 p.m. (noon) on Any Given Day:							
Written Contract: Medical Director:		System Available 24 Hours:		Level of Service:				
✓ Yes □ No □ Yes ✓ No		,	∕Yes □ No	☐ Transport ☐ ALS ✓ 9-1-1 ✓ Ground ✓ Non-Transport ✓ BLS ☐ 7-Digit ☐ Air ☐ CCT ☐ Water ☐ IFT				
Ownership: If Public:		<u> </u>	Public:	<u>lf Air:</u>	Air Classification:			
✓ Public ☐ Private ☐ Law ☐ Other Explain:		☐ City ☐ State ☐ Federa	☐ County ✓ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue			
Transporting Agencies								
Total number of responses Number of emergency responses Number of non-emergency responses		Total number of transports Number of emergency transports Number of non-emergency transports Air Ambulance Services						
Total number Number of en	of responses nergency responses			Total number of transports Number of emergency transpo	orts			

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Note: Table 8 is to be completed for each provider by county. Make copies as needed.							
County: S	an Joaquin		Provider:	Linden Peters Fire Dist	rict Response 2	Zone:	
Address: 17725 E. Hwy 26 Linden, CA 95236				Number of Ambulance \	/ehicles in Fleet:		
Phone Number:	(209) 887-3			Average Number of Am At 12:00 p.m. (noon) on			
Written Contract: Medical Director:			System Available 24 Hours:		Level of Service:		
✓ Yes □ No □ Yes ✓ No		,	✓ Yes □ No □ Transport □ ALS ✓ 9-1-1 ✓ Ground ✓ Non-Transport ✓ BLS □ 7-Digit □ A □ CCT □ Water □ IFT		S □ 7-Digit □ Air CCT □ Water		
Ownership: If Public:		If Public:	If Public:		<u>lf Air:</u>	Air Classification:	
✓ Public ☐ Private ☐ Law ☐ Other Explain:		☐ Law ☐ Other	☐ City☐ State☐ Federa	☐ County ✓ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue	
			Tr	ansporting Agencies			
326 Total number of responses Number of emergency responses Number of non-emergency responses		<u>Aiı</u>	Ambulance Services	Total number of transports Number of emergency transports Number of non-emergency transports			
Total number of responses Number of emergency responses					Total number of transports Number of emergency transports	orts	

Reporting Year:

2020-2021

Note: Table 8 is to be completed for each provider by county. Make copies as needed.							
County:	San Joaquin		Provider:	Lodi Fire Department	Response Z	Cone:	
Address:	210 W Elm Lodi, CA 95			Number of Ambulance	Vehicles in Fleet:		
Phone Number:	(209) 333-6	3735	1	Average Number of Am At 12:00 p.m. (noon) on			
Written C	Contract:	Medical Director:	System	Available 24 Hours:	Leve	l of Service:	
✓ Yes	□ No	□ Yes ✓ No	,	∕ Yes □ No	✓ Non-Transport ✓ BLS	CCT ☐ Water	
Owne	ership:	If Public:	<u>If</u>	Public:	<u>If Air:</u>	Air Classification:	
✓ Pub		✓ Fire □ Law □ Other Explain:	✓ City ☐ State ☐ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue	
			Tr	ansporting Agencies	Tal.		
		<u>Air</u>	Ambulance Services	Total number of transports Number of emergency transports Number of non-emergency tra			
	Total number of em	of responses ergency responses			Total number of transports Number of emergency transports	orts	
* Based on p	atient care re	cords					

Reporting Year:

2020-2021

Note: Table 8 is to be completed for each provider by county. Make copies as needed.							
County: S	an Joaquin		Provider:	Manteca Fire Departme	ent Response 2	Zone:	
Address: 1154 S. Union Road Manteca, CA 95337 Phone (209) 456-8300		CA 95337		Number of Ambulance Number of Am			
Number:				At 12:00 p.m. (noon) on			
Written Co	ontract:	Medical Director:	System	Available 24 Hours:	Leve	l of Service:	
✓ Yes	□ No	□ Yes ✓ No	,	∕ Yes □ No	☐ Transport ☐ ALS ✓ ✓ Non-Transport ✓ BLS ☐ (S □ 7-Digit □ Air CCT □ Water	
Owner	ship:	<u>If Public:</u>	<u>lf 1</u>	Public:	<u>lf Air:</u>	Air Classification:	
✓ Publi □ Priva		✓ Fire □ Law □ Other Explain:	✓ City □ State □ Federa	☐ County ☐ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue	
			Tra	ansporting Agencies			
Total number of responses* Number of emergency responses Number of non-emergency responses		ergency responses	<u>Air</u>	Ambulance Services	Total number of transports Number of emergency transports Number of non-emergency tra		
Total number of responses Number of emergency responses					Total number of transports Number of emergency transports	orts	
* Based on pa	tient care re	cords					

Reporting Year:

2020-2021

	Note: Table 8 is to be completed for each provider by county. Make copies as needed.							
County:	San Joaquin		Provider:	Mokelum	nne Fire District	t Response	Zone:	8
Address:	13157 E. B	randt Road		Number o	of Ambulance V	ehicles in Fleet:		
Phone Number:	(209) 727-0					oulances on Duty Any Given Day:		
Written	Contract:	Medical Director:	System	Available	24 Hours:	Lev	el of Se	rvice:
✓ Yes	s □ No	□ Yes ✓ No	٠	Yes 🗅	No	✓ Non-Transport ✓ B	√ 9-1-1 LS CCT IFT	✓ Ground □ 7-Digit □ Air □ Water
Own	ership:	If Public:	<u>lf I</u>	<u>Public</u> :		<u>lf Air:</u>		Air Classification:
✓ Pu □ Pri	blic vate	✓ Fire □ Law □ Other Explain:	☐ City☐ State☐ Federal		unty District	☐ Rotary ☐ Fixed Wing	0000	Auxiliary Rescue Air Ambulance ALS Rescue BLS Rescue
			Tra	nsporting	Agencies			
357		of responses ergency responses n-emergency responses	<u>Air</u>	Ambulanc		Total number of transports Number of emergency trans Number of non-emergency t		es
	Total number of em	of responses ergency responses				Total number of transports Number of emergency trans	ports	

Reporting Year:

2020-2021

Note: Table 8 is to be completed for each provider by county. Make copies as needed.							
County: San Joaquin		Provider:	Montezuma Fire Distric	Response Ze	one:		
Address: 2405 S. B Stockton, CA			Number of Ambulance \	/ehicles in Fleet:			
Phone Number: (209) 464-52		_	Average Number of Am At 12:00 p.m. (noon) on				
Written Contract:	Medical Director:	System	Available 24 Hours:	Level	of Service:		
✓ Yes 🛚 No	□ Yes ✓ No	,	∕Yes □ No	☐ Transport ☐ ALS ✓ 9 ✓ Non-Transport ✓ BLS ☐ C ☐ IF	CCT UWater		
Ownership:	If Public:	<u>lf l</u>	Public:	<u>lf Air:</u>	Air Classification:		
✓ Public □ Private	✓ Fire □ Law □ Other Explain:	☐ City☐ State☐ Federa	☐ County ✓ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue		
		Tra	ansporting Agencies				
	of responses ergency responses n-emergency responses	<u>Air</u>	Ambulance Services	Total number of transports Number of emergency transpo Number of non-emergency transport			
Total number of em	of responses ergency responses			Total number of transports Number of emergency transpo	orts		

Reporting Year:

2020-2021

Note. Table o is to be completed for each provider by county. Make copies as needed.							
County: San Joaquin	<i>9</i> /	Provider: _T	hornton Fire District	Response Z	one:		
Address: 25999 N. T Thornton, C	hornton Road CA 95686	Ni	umber of Ambulance \	Vehicles in Fleet:			
Phone Average Number of Ambulances on Duty Number: (209) 794-2460 At 12:00 p.m. (noon) on Any Given Day:							
Written Contract:	Medical Director:	System Av	ailable 24 Hours:	Level	of Service:		
✓ Yes 🛚 No	☐ Yes ✓ No	✓ \	∕es □ No	☐ Transport ☐ ALS ✓ 9 ✓ Non-Transport ✓ BLS ☐ C ☐ IF	S □ 7-Digit □ Air CCT □ Water		
Ownership:	<u>If Public:</u>	<u>If Pul</u>	olic:	<u>lf Air:</u>	Air Classification:		
✓ Public □ Private	✓ Fire □ Law □ Other Explain:	☐ City ☐ State ☐ Federal	☐ County ✓ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue☐ Air Ambulance☐ ALS Rescue☐ BLS Rescue		
		Trans	porting Agencies				
Total number of responses Number of emergency responses Number of non-emergency responses		<u>Air Ar</u>	nbulance Services	Total number of transports Number of emergency transpo Number of non-emergency transport			
Total number of em	of responses ergency responses			Total number of transports Number of emergency transpo	rts		

Reporting Year:

2020-2021

Note: Table 8 is to be completed for each provider by county. Make copies as needed.						
County: San Joaquin		Provider: _	Waterloo Morada Fire D	District Response Z	Cone:	
Address: 6925 East I	Foppiano Lane		Number of Ambulance \	/ehicles in Fleet:		
Phone Number: (209) 931-3			Average Number of Am At 12:00 p.m. (noon) on			
Written Contract:	Medical Director:	System A	Available 24 Hours:	Leve	l of Service:	
✓ Yes 🗆 No	□ Yes ✓ No	✓	Yes □ No	☐ Transport ☐ ALS ✓ ✓ Non-Transport ✓ BLS ☐ 0	S □ 7-Digit □ Air CCT □ Water	
Ownership:	<u>lf Public:</u>	<u>If P</u>	ublic:	<u>lf Air:</u>	Air Classification:	
✓ Public □ Private	✓ Fire □ Law □ Other Explain:	☐ City☐ State☐ Federal	☐ County ✓ Fire District	☐ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue ☐ Air Ambulance ☐ ALS Rescue ☐ BLS Rescue	
		Trai	nsporting Agencies			
	of responses ergency responses n-emergency responses	Air A	Ambulance Services	Total number of transports Number of emergency transports Number of non-emergency transports		
Total number of em	of responses ergency responses			Total number of transports Number of emergency transports	orts	

Reporting Year:

2020-2021

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. San Joaquin County: Provider: Woodbridge Fire District Response Zone: Address: 400 E. Augusta Street Number of Ambulance Vehicles in Fleet: Woodbridge, CA 95258 Phone **Average Number of Ambulances on Duty** At 12:00 p.m. (noon) on Any Given Day: Number: (209) 369-1945 Written Contract: **Medical Director:** System Available 24 Hours: Level of Service: ✓ Yes □ No. ☐ Yes ✓ No ✓ Yes □ No ☐ Transport ☐ ALS ✓ 9-1-1 ✓ Ground ✓ Non-Transport ✓ BLS ☐ 7-Digit ☐ Air □ CCT □ Water □ IFT Ownership: If Public: If Public: If Air: Air Classification: ✓ Public ✓ Fire ☐ City □ County □ Rotary Auxiliary Rescue □ Private ☐ State ✓ Fire District ☐ Air Ambulance ☐ Law ☐ Fixed Wing □ Other ☐ ALS Rescue ☐ Federal Explain: □ BLS Rescue **Transporting Agencies** 834 Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports **Air Ambulance Services** Total number of responses Total number of transports Number of emergency responses Number of emergency transports

2020-2021

Reporting Year:

Note: Table 8 is to be completed for each provider by county. Make copies as needed.							
County: San Joaquin	County	Provider:	REACH	Response 2	Zone: County-wide		
	Center Drive		Number of Ambulance \	Vehicles in Fleet:1 in	county; 1 near county		
Sacramento, CA 95826 Phone Number: (707) 324-2400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2							
Written Contract:	Medical Director:	System /	Available 24 Hours:	Leve	l of Service:		
✓ Yes □ No	✓ Yes □ No	✓	Yes □ No	☐ Non-Transport ☐ BL	S ✓ 9-1-1 □ Ground S ✓ 7-Digit ✓ Air CT □ Water ✓ IFT		
Ownership:	If Public:	If P	ublic:	<u>lf Air:</u>	Air Classification:		
□ Public ✓ Private	☐ Fire ☐ Law ☐ Other Explain:	☐ City ☐ State ☐ Federal	☐ County ☐ Fire District	✓ Rotary ☐ Fixed Wing	☐ Auxiliary Rescue✓ Air Ambulance☐ ALS Rescue☐ BLS Rescue		
		<u>Tra</u>	nsporting Agencies				
	of responses nergency responses n-emergency responses			Total number of transports Number of emergency transports Number of non-emergency transports			
Air Ambulance Services							
	Number of Responses (Scene and IFT) 253 Total number of transports (Scene and IFT)						

Reporting Year:

2020-2021

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. Response Zone: County: San Joaquin Provider: CALSTAR County-wide Number of Ambulance Vehicles in Fleet: Address: 8880 Cal Center Drive 2 based near county Sacramento, CA 95826 Average Number of Ambulances on Duty Phone (925) 798-7670 Number: At 12:00 p.m. (noon) on Any Given Day: 2 Level of Service: **Written Contract:** System Available 24 Hours: Medical Director: ✓ Yes □ No ✓ Transport ✓ ALS ✓ 9-1-1 ☐ Ground ✓ Yes □ No. ✓ Yes □ No ■ Non-Transport ☐ BLS ☐ 7-Digit ✓ Air □ CCT □ Water ✓IFT Air Classification: If Public: If Public: If Air: Ownership: Public ☐ Fire ☐ City □ County Rotary ☐ Auxiliary Rescue Air Ambulance ✓ Private Law ☐ State ☐ Fire District ☐ Fixed Wing ☐ ALS Rescue Other Federal ☐ BLS Rescue Explain: **Transporting Agencies** Total number of transports Total number of responses Number of emergency transports Number of emergency responses Number of non-emergency transports Number of non-emergency responses Air Ambulance Services Total number of transports (Scene & IFT) Total number of responses (Scene & IFT) 167 Number of emergency transports (Scene) Number of emergency responses (Scene)

Reporting Year:

2020-2021

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed. Provider: Stanford Life Flight County: San Joaquin Response Zone: County-wide Address: 300 Pasteur Drive, HG-021 Number of Ambulance Vehicles in Fleet: 1 based near county Stanford, CA 94305-5246 **Phone** Average Number of Ambulances on Duty Number: 650-723-5578 At 12:00 p.m. (noon) on Any Given Day: 1 based near county Written Contract: **Medical Director:** System Available 24 Hours: **Level of Service:** ✓ Yes □ No ✓ Yes □ No ✓ Yes □ No √ Transport ✓ ALS √ 9-1-1 ☐ Ground ☐ Non-Transport ☐ BLS ☐ 7-Digit ✓ Air □ CCT □ Water ✓ IFT Ownership: If Public: Air Classification: If Public: If Air: ☐ Public ☐ Fire ☐ City ☐ County Rotary ☐ Auxiliary Rescue ✓ Private □ Law State ☐ Fire District ☐ Fixed Wing Air Ambulance ☐ Other ☐ Federal ☐ ALS Rescue □ BLS Rescue Explain: **Transporting Agencies** Total number of responses Total number of transports Number of emergency responses Number of emergency transports Number of non-emergency responses Number of non-emergency transports **Air Ambulance Services** Total number of responses (IFT and Scene) 41 Total number of transports (IFT and Scene) Number of emergency responses (Scene) Number of emergency transports (Scene) 0 0

TABLE 9: RESOURCE DIRECTORY - FACILITIES

Note: Complete informatio Facility: Dameron Hos Address: 525 W. Acacia Stockton, CA	n for each facility by county. Make copies spital a Street		944-5550	
Written Contract: ✓ Yes □ No		y Emergency ehensive Emergency	Base Hospital: ☐ Yes ✓ No	Burn Center: ☐ Yes ✓ No
Pediatric Critical Care C EDAP ² PICU ³	enter¹ ☐ Yes ✓ No ☐ Yes ✓ No ☐ Yes ✓ No	<u>Trauma Center:</u> ☐ Yes ✓ No	If Trauma Center Level I Level III	what level: Level II Level IV
STEMI Center: ✓ Yes □ No	Stroke Center: ✓ Yes □ No			

Meets EMSA Pediatric Critical Care Center (PCCC) Standards
 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Direc		<u>Facilities</u>						
County: San Joaquin County Note: Complete information for each facility by county. Make copies as needed.								
Facility: Kaiser Permanente Hospital Manteca Address: Telephone Number: (209) 825-3700 1777 West Yosemite Avenue Manteca, CA 95336								
Written Contract: ✓ Yes □ No		y Emergency ehensive Emergency	Base Hospital: ☐ Yes ✓ No	Burn Center: ☐ Yes ✓ No				
Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶ PICU⁶ PYes ✓ No Yes ✓ No Yes ✓ No		<u>Trauma Center:</u> ☐ Yes ✓ No	If Trauma Center Level II	what level: Level II Level IV				
STEMI Center: ☐ Yes ✓ No	Stroke Center: ✓ Yes □ No							

⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards 5 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards 6 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: San Joaquin Cou	nty			
Note: Complete informatio	n for each facility by county. Ma	ke copies as needed.		
	di Memorial Hospital	Telephone Number:	Phone: (209) 334-3411	
Address: 975 S Fairmon Lodi, CA 9524				
Written Contract:		Service:	Base Hospital:	Burn Center:
✓ Yes 🗆 No	☐ Referral Emergency ☐ ✓ Basic Emergency ☐		☐ Yes ✓ No	☐ Yes ✓ No
Pediatric Critical Care C	enter ⁷ ☐ Yes ✓ No ☐ Yes ✓ No	Trauma Center:	If Trauma Center	what level:
PICU ⁹	☐ Yes ✓ No	☐ Yes ✓ No	□ Level III	☐ Level II ☐ Level IV
STEMI Center:	Stroke Cen	ter:		
☐ Yes ✓ No	✓ Yes	□ No		

⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards* 8 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards 9 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

	on for each facility by county. Nhis Medical Center ornia St,	Make copies as needed Telephone Numbe	er: (209) 467-6400	
Written Contract: ✓ Yes □ No □ Referral Emergency □ Standby Emergency ✓ Basic Emergency □ Comprehensive Emergency				Hospital: Burn Center: s ✓ No ☐ Yes ✓ No
Pediatric Critical Care Center¹0 EDAP¹¹ PICU¹² PICU¹² PYes ✓ No Yes ✓ No Yes ✓ No		No —	No □ Le	vel II Level IV
STEMI Center: ✓ Yes □ No		enter: □ No		

¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
11 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
12 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: San Joaquin County Note: Complete information for each facility by county. Make copies as needed.									
Facility: Sutter-Tracy Address: 1420 Tracy Bo Tracy, CA 95	oulevard	Telephone Number:	(209) 835-1500						
Written Contract: ✓ Yes □ No		Emergency rehensive Emergency	Base Hospital: ☐ Yes ✓ No	Burn Center: ☐ Yes ✓ No					
Pediatric Critical Care C EDAP ¹⁴ PICU ¹⁵	enter¹³ □ Yes ✓ No □ Yes ✓ No □ Yes ✓ No	Trauma Center: ☐ Yes ✓ No	If Trauma Center Level I Level III	what level: Level II Level IV					
STEMI Center: ☐ Yes ✓ No	Stroke Center: ✓ Yes □ No								

¹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
14 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
15 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

		<u>Facilities</u>						
County: San Joaquin County								
Note: Complete information for each facility by county. Make copies as needed.								
Facility: Doctors Hospital Manteca Telephone Number: 209-823-3111 Address: Manteca, CA 95336 Telephone Number: 209-823-3111								
Written Contract:	Service	L	Base Hospi	Burn Center:				
✓ Yes □ No □		by Emergency rehensive Emergency	☐ Yes ✓	No ☐ Yes ✓ No				
Pediatric Critical Care Center	Ge	Trauma Center:	<u>If Trauma</u>	Center what level:				
PICU ¹⁸	☐ Yes ✓ No	☐ Yes ✓ No	☐ Level III	☐ Level II ☐ Level IV				
STEMI Center:	Stroke Center:							
☐ Yes ✓ No	✓ Yes □ No							

¹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
17 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
18 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

	San Joaquin 500 W Hospita	n for eac General		as needed. Telephone Number:	209-468-6	000		
	French Camp,	CA 952	231					
Written	Contract:		Service:			Base Hospital:	Burn Center:	
			y Emergency ehensive Emergency		✓ Yes □ No	☐ Yes ✓ No		
EDAP ²⁰	Critical Care Co	enter ¹⁹	☐ Yes ✓ No ☐ Yes ✓ No	Trauma Center:		If Trauma Center		1
PICU ²¹			☐ Yes ✓ No	☐ Yes ✓ No		☐ Level III	✓ Level II ☐ Level IV	
<u>s</u>	TEMI Center:		Stroke Center:					
	Yes ✓ No		✓ Yes 🗖 No					

¹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
21 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

County: San Joaquin County

Reporting Year: 2020-2021

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Inst	itution:	American Medical Response		Telephone Number: 209-948-5136
Address:		3755 West Lane		
		Stockton, CA 95204		
Student Eligibility:	Open	Cost of Program:	**Program Level CE Provider	
22 530		Basic: N/A	Number of students completing training per	year:
		Refresher: N/A	Initial training:	N/A
			Refresher:	N/A
			Continuing Education:	N/A
			Expiration Date:	04/30/2022
			Number of courses:	
			Initial training:	<u>N/A</u>
			Refresher:	N/A
			Continuing Education:	N/A

^{*}Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

County: San Joaquin County

Reporting Year: 2020-2021

Training Insti	itution:	Farmington Rural Protection	District	Telephone Number: 209-	886-5321
Address:		25474 E. Hwy 4			
		Farmington, CA 95230	_		
Student Open Eligibility:		Cost of Program:	**Program Level CE Provider		
		Basic: N/A Refresher: N/A	Number of students completing training per year Initial training: Refresher: Continuing Education: Expiration Date: Number of courses: Initial training: Refresher: Continuing Education:	N/A N/A N/A 05/31/2022 N/A N/A	-
Training Inst	titution:	Lathrop-Manteca Fire Distric		Telephone Number: 209-	941-5100
Address:		19001 Somerston Parkway			
		Lathrop, CA 95330		_	
Student Eligibility*:	Open	Cost of Program:	**Program Level CE Provider	_	
		Basic: N/A Refresher: N/A	 Number of students completing training per year: Initial training: Refresher: Continuing Education: Expiration Date: Number of courses: Initial training: Refresher: 	N/A N/A N/A 02/28/2022 N/A N/A	

^{*}Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Lodi Fire Department

210 W. Elm Street

Lodi, CA 95240

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

County: San Joaquin County Reporting Year: 2020-2021

Training Institution:

Address:

Cost of Program: Student **Program Level CE Provider Open Eligibility: Number of students completing training per year: Basic: N/A Refresher: N/A Initial training: N/A Refresher: N/A Continuing Education: N/A **Expiration Date:** 10/31/2022 Number of courses: Initial training: N/A Refresher: N/A Continuing Education: N/A Training Institution: Manteca District Ambulance Telephone Number: 209-823-1032 Address: 245 E. Center Street Manteca, CA 95336 Student Open **Program Level **CE Provider** Eligibility*: Cost of Program: Basic: N/A Number of students completing training per year: Refresher: N/A Initial training: N/A Refresher: N/A Continuing Education: N/A **Expiration Date:** 12/31/2022 Number of courses: Initial training: N/A Refresher: N/A Continuing Education: N/A

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Telephone Number:

209-333-6735

*Open to general public or restricted to certain personnel only.

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Manteca Fire Department

County: San Joaquin County

Training Institution:

Reporting Year: 2020-2021

Address:		1154S. Union Road		
		Manteca, CA 95337		
Student Open Eligibility:	Open	Cost of Program	: **Program Level CE Provider	
			I/A Number of students completing training I/A Initial training: Refresher: Continuing Education: Expiration Date: Number of courses: Initial training: Refresher: Continuing Education:	N/A N/A N/A 05/31/2023 N/A N/A N/A N/A N/A
Training Inst	itution:	Montezuma Fire Distric		Telephone Number: 209-464-5234
Address:		2405 S. B Street		
		Stockton, CA 95206		
Student Eligibility*:	Open	Cost of Program		_
			I/A Number of students completing training I/A Initial training: Refresher: Continuing Education: Expiration Date:	N/A N/A N/A 04/30/2022
			Number of courses: Initial training: Refresher:	N/A N/A

Telephone Number:

N/A

209-239-8435

Continuing Education:

^{*}Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

County: San Joaquin County Reporting Year: 2020-2021

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed. **Stockton Fire Department** Training Institution: Telephone Number: 209-937-8657 400 E. Main Street, 4th Floor Address: Stockton, CA 95202 Student CE Provider Cost of Program: **Program Level Open Eligibility: Basic: N/A Number of students completing training per year: N/A Initial training: Refresher: N/A Refresher: N/A Continuing Education: **Expiration Date:** 12/312022 Number of courses: Initial training: N/A Refresher: N/A Continuing Education: N/A Training Institution: San Joaquin County EMS Agency Telephone Number: 209-468-6818 P.O Box 220 Address: French Camp, CA 95231 Student Open **Program Level **CE** Provider Eligibility*: Cost of Program: Basic: Number of students completing training per year: N/A Refresher: N/A Initial training: N/A

*Open to general public or restricted to certain personnel only.

Continuing Education:

Continuing Education:

Expiration Date:

Refresher:

Number of courses: Initial training:

Refresher:

N/A

N/A

N/A

N/A

N/A

12/31/2021

^{**} Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

County: San Joaquin County Reporting Year: 2020-2021

Training Institution: San Joaquin General Hospital 209-468-6800 Telephone Number: 500 W. Hospital Road Address: French Camp, CA 95231 Student Open Cost of Program: **Program Level **CE Provider** Eligibility: Basic: N/A Number of students completing training per year: Refresher: N/A Initial training: N/A N/A Refresher: N/A Continuing Education: **Expiration Date:** 04/30/2023 Number of courses: Initial training: N/A N/A Refresher: N/A Continuing Education: Training Institution: South San Joaquin County Fire Authority Telephone Number: 209-831-6700 Address: 835 Central Ave Tracy, CA 95376 **Program Level **CE Provider** Student Open Eligibility*: Cost of Program: Basic: N/A Number of students completing training per year: Refresher: N/A Initial training: N/A Refresher: N/A Continuing Education: N/A **Expiration Date:** 08/31/2022 Number of courses: Initial training: N/A N/A Refresher: N/A Continuing Education:

^{*}Open to general public or restricted to certain personnel only.

^{**} Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

County: San Joaquin County

Reporting Year: 2020-2021

raining Ins	titution:	Bradford College of Nursing	Telephone Number:	209-475-9854		
Address:		9 S. El Dorado Street			Contract of the State of the Contract of the C	
		Stockton, CA 95202				
Student Open Eligibility:		Cost of Program:	**Program Level	EMT Training Provider		
		Basic: N/A	Number of students completing training per year		er vear:	
		Refresher: N/A	Initial training:		N/A	
			Refresher:		N/A	
			Continuing Edu	ucation:	N/A	
			Expiration Date		10/31/2	2021
			Number of courses:			
			Initial training:		N/A	
			Refresher:		N/A	
Training Inc	titution	Can Januin EMC Aganas	Continuing Edu	ucation:	N/A	200.469.6949
	stitution:	San Joaquin EMS Agency PO Box 220	Continuing Edu	ucation:	Telephone Number:	209-468-6818
Training Ins Address:	stitution:	PO Box 220	Continuing Edu	ucation:		209-468-6818
	stitution: Open		**Program Level	EMT Training Provider		209-468-6818
Address: Student		PO Box 220 French Camp, CA 95231 Cost of Program:	**Program Level	EMT Training Provider	Telephone Number:	209-468-6818
Address: Student		PO Box 220 French Camp, CA 95231 Cost of Program: Basic: N/A	**Program Level	EMT Training	Telephone Number:	209-468-6818
Address: Student		PO Box 220 French Camp, CA 95231 Cost of Program:	**Program Level	EMT Training Provider	Telephone Number:	209-468-6818
Address: Student		PO Box 220 French Camp, CA 95231 Cost of Program: Basic: N/A	**Program Level Number of students of Initial training: Refresher:	EMT Training Provider completing training per	Telephone Number:	209-468-6818
Address: Student		PO Box 220 French Camp, CA 95231 Cost of Program: Basic: N/A	**Program Level Number of students of Initial training: Refresher: Continuing Educ	EMT Training Provider completing training per	Telephone Number: r year: N/A N/A N/A	
Address: Student		PO Box 220 French Camp, CA 95231 Cost of Program: Basic: N/A	**Program Level Number of students of Initial training: Refresher:	EMT Training Provider completing training per	Telephone Number:	
Address: Student		PO Box 220 French Camp, CA 95231 Cost of Program: Basic: N/A	**Program Level Number of students of Initial training: Refresher: Continuing Educe Expiration Date: Number of courses:	EMT Training Provider completing training per	Telephone Number: r year: N/A N/A N/A	
Address: Student		PO Box 220 French Camp, CA 95231 Cost of Program: Basic: N/A	**Program Level Number of students of Initial training: Refresher: Continuing Educe Expiration Date:	EMT Training Provider completing training per	Telephone Number: year: N/A N/A N/A 12/31/2	

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 11: RESOURCES DIRECTORY - DISPATCH AGENCY

County: San Joaquin	Reporting	Year: <u>2020-2021</u>			
NOTE: Make copies to add pag	ges as needed. Complete	information for each provider	by county.		
Name:	Communications Cente	oonse, Valley Regional Emerg r (Secondary PSAP)	ency	Primary Contact:	Rich Silva, Communications Director
Address:	4701 Stoddard Road,				
Telephone Number:	Modesto, CA 95356 (209) 236-8302		entitue service and		
Written Contract:	Medical Director:	✓Day-to-Day	Number of Person	nel Providing Services:	
✓ Yes □ No	✓ Yes □ No	□ Disaster	61 EMD		EMT-D ALS LALS Other
Ownership:		If Public:			
☐ Public ✓ Private		☐ Fire ☐ Law	If Public: ☐ City	☐ County ☐ State	☐ Fire District ☐ Federal
		☐ Other			
		Explain:			
Name:	City Of Stockton Emerg PSAP)	ency Medical Dispatch Cente	er (Secondary	Primary Contact:	John Votaw, Communications Director
Address:	110 West Sonora Stree	t,		· · · · · · · · · · · · · · · · · · ·	
	Stockton, CA 95203				
Telephone Number:	(209) 937-8801				
Written Contract:	Medical Director:	✓ Day-to-Day		nnel Providing Services:	
✓ Yes □ No	✓ Yes □ No	☐ Disaster	18 EMD BLS		EMT-D ALS Other
Ownership:		If Public:			
✓ Public □ Private		✓ Fire	If Public: ✓ City	☐ County ☐ State	☐ Fire District ☐ Federal
		☐ Law			
		☐ Other Explain:			

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. <u>Please</u> include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

San Joaquin County EMS Agency

Area or subarea (Zone) Name or Title:

Zone X

Name Of Current Provider(S):

Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.

American Medical Response (25 Years). Exclusive effective May 1, 2006

Area or subarea (Zone) Geographic Description:

Greater Lodi area, Stockton area, and Tracy area

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance

Level: Emergency Ambulance, 9-1-1, 7-Digit, All CCT ambulance services, ALS IFT, ALS Ambulance.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Competitive bid. A request for proposals was issued on June 30, 2014, leading to a contract, for emergency ambulance service effective May 1, 2016, for an initial five year period with a possible five year extension. On July 21, 2020, Board of Supervisors approved AMR for ALS services in X zones from May 1, 2021 to May 1, 2026.

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. <u>Please</u> include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

San Joaquin County EMS Agency

Area or subarea (Zone) Name or Title:

Zone D

Name Of Current Provider(S):

Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.

Manteca District Ambulance Services (68 years)

Area or subarea (Zone) Geographic Description:

Greater Manteca and Lathrop areas

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type: Emergency Ambulance

Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If <u>competitively-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Grandfathered. Manteca District Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Manteca District Ambulance Service (MDA) originally began providing transportation services in November 1951. This service has continued, without interruption or competition and since then, no changes to the scope and manner of service have occurred. MDA provides advanced life support service in a 9-1-1 setting. MDA is a not for profit ambulance service with an independent board of directors.

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. <u>Please</u> include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

San Joaquin County EMS Agency

Area or subarea (Zone) Name or Title:

Zone E

Name Of Current Provider(S):

Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.

Ripon Fire Protection District (45 years)

Area or subarea (Zone) Geographic Description:

Greater Ripon area

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):

Type: Emergency Ambulance

Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If <u>competitive-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Grandfathered. Ripon Fire Protection District entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Ripon Fire Protection District originally began providing transportation services in February 1974. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Ripon Fire Protection District is fire protection district operated by an independent board of directors which is responsible for the ambulance service

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. <u>Please</u> include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

San Joaquin County EMS Agency

Area or sub area (Zone) Name or Title:

Zone F

Name Of Current Provider(S):

Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area.

Escalon Community Ambulance (58 years)

Area or sub area (Zone) Geographic Description:

Greater Escalon area

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

Exclusive

Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):

Type: Emergency Ambulance

Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If <u>grandfathered</u>, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If <u>competitive-determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Grandfathered. Escalon Community Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Escalon Community Ambulance originally began providing transportation services in April 1961. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Escalon Community Ambulance provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Escalon Community Ambulance is a not for profit ambulance services with an independent board of directors.

Addendum - A STEMI Critical Care System Plan

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Executive Summary

California statute mandates the Emergency Medical Services Authority (EMSA) to adopt necessary regulations to carry out the coordination and integration of all state activities concerning Emergency Medical Services (EMS) (Health and Safety Code §1797.107).

In addition, State statute allows the EMS Authority to establish guidelines for hospital facilities, in cooperation with affected medical organizations, according to critical care capabilities (Health and Safety Code §1798.150).

As a result of these statutes, the EMS Authority established a multidisciplinary ST-Elevation Myocardial Infarction (STEMI) Care Committee for the development of STEMI System of Care Regulations for California.¹

Requirements for California's Statewide STEMI Critical Care System is described in the California Code of Regulations; Title 22, Division 9, Chapter 7.1. As a requirement of the California Regulations, this document is to serve as a formal written plan for the SJCEMSA STEMI Critical Care System.

¹ https://emsa.ca.gov/stemi/

Major Needs and Program Solutions

1. Need: A policy that ensures the timely and appropriate inter-facility transfer of STEMI patients within San Joaquin County.

<u>Program Solution</u>: Develop and implement a policy that ensures the timely and appropriate inter-facility transfer of a STEMI patient.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)
- 2. <u>Need</u>: Implementation of the STEMI multi-disciplinary care committee for cardiac care in San Joaquin County.

<u>Program Solution</u>: Creation of policy with a 45-day comment period followed by implementation and assignment of committee members.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

San Joaquin County EMS Agency Personnel – STEMI Program

Kathrine Shafer MD, EMS Medical Director Dan Burch, EMS Administrator Jeff Costa RN, EMS Critical Care Coordinator

Designated STEMI Facilities

San Joaquin County is served by five STEMI receiving centers (SRCs). Two of these hospitals are within San Joaquin County and two hospitals are physically located in Stanislaus County.

The California State Regulations define a STEMI Receiving Center (SRC) as a "licensed general acute care facility that meets the minimum hospital STEMI care requirements pursuant to Section 100270.124 and is able to perform Percutaneous Coronary Intervention (PCI)."

The San Joaquin County Emergency Medical Services Agency (SJCEMSA) has written agreements with hospitals that are designated STEMI receiving centers. To be considered for STEMI receiving center designation, hospitals must hold current special permit from the California Department of Public Health for Cardiovascular Surgery Service and fill out a SJCEMSA STEMI Center Designation Application packet. The application packet contains an evaluation tool that SJCEMSA uses to ensure that the facility meets the requirements to receive STEMI Center Designation.

Patient Identification & Destination Policies

The identification of STEMI patients and the subsequent prehospital STEMI alerts sent to SRCs in San Joaquin County rely upon the STEMI Alert Process included in portable 12 Lead ECG machines as follows: If the finding of the 12 lead reads: LP12 (***ACUTE MI SUSPECTED***) LP15 (***MEETS ST ELEVATION MI CRITERIA***) Zoll E Series (** ** ** ** * ACUTE MI * ** ** ** *) or Zoll X Series (*** STEMI ***) 1, the ALS personnel are directed to contact SRC as early as possible to declare a STEMI alert. See attachment A.

In STEMI systems of care, STEMI patients should be transported to the closest, most appropriate facility staffed and equipped to perform immediate percutaneous coronary intervention (PCI) to facilitate reperfusion. STEMI destination policies that allow emergency medical services to bypass non-percutaneous coronary intervention-capable facilities are associated with significantly faster treatment times for patients with ST-Elevation MI. Time to treatment in STEMI patients is a critical determinant of patient outcomes. Reducing delays relies on a robust emergency medical system that can transport a patient directly to a percutaneous coronary intervention-capable hospital, even if it means driving past a closer hospital.²

In the rare situation that the closest, most appropriate STEMI center is not available to accept a STEMI patient due to an internal disaster or occupied Cath Lab suites, field providers will transport the patient to the next closest, most appropriate STEMI receiving center.

² http://circinterventions.ahajournals.org/content/11/5/e005706

Communication

Studies show that EMS transportation is associated with shorter door-to-balloon time in patients with ST-segment elevation myocardial infarction. In addition to EMS transportation, when prehospital crews make notification of an incoming STEMI patient to the receiving hospital, it is again associated with a shorter door-to-balloon time.³

Early notification of an incoming STEMI patient allows appropriate hospital resources to mobilize prior to patient arrival. Due to the time-sensitive nature of reperfusion on outcomes, the diligent practice of STEMI-alerts from the field is a vital element in the continuum of care spectrum as it is meant to effectively and rapidly communicate the need for expeditious treatment upon patient arrival.

SJCEMSA has implemented a comprehensive medical communication (Med-Net) system to enable mobile radio communication and telephone communication between prehospital care personnel and the SJCEMSA's designated base hospital; and between ambulances and each acute care receiving hospital within San Joaquin County, including each SRC. Each acute care receiving hospital is equipped with a San Joaquin County owned and maintained radio equipment and antenna and assigned a San Joaquin County licensed assigned Med-Net communication frequency. Each acute care receiving hospital has a dedicated telephone line to receive ambulance telephone calls. Additionally, each SRC is required to install and maintain digital recording equipment to capture communication between prehospital personnel and the SRC to allow for concurrent and retrospective evaluation and quality improvement.

SJCEMSA has established EMS Policy No. 3410, <u>ALS Field to Hospital Communication</u> and EMS Policy No. 3411, <u>ALS Radio Report Format</u> directing prehospital personnel on when and how to provide pre-hospital notification to receiving hospitals, including STEMI receiving centers.

³ https://www.ajemjournal.com/article/S0735-6757(16)30234-0/pdf

Inter-Facility Transfers

In San Joaquin County, two out of seven acute care facilities are currently designated as STEMI receiving centers (SRC). STEMI patients seen at non-SCRs occasionally require emergent transfer to SRC. For this reason, San Joaquin County STEMI Receiving Centers have policies and procedures that include:

- Pre-arranged agreements with non-STEMI receiving centers for transfer of patients
- Pre-arranged agreements with EMS providers for rapid transport of patients who are eligible for time-sensitive treatments

SJCEMSA does not have a specific policy in place to address requirements for ambulance transport of patients between acute care hospitals.

Data Collection

STEMI system of care monitoring and evaluation is conducted through SJCEMSA Quality Improvement Program.

Retrospective data collection and analysis lie at the heart of quality improvement. Data aids in understanding how well the systems work, identifying potential areas for improvement, setting measurable goals, and monitoring the effectiveness of change. Robust data systems, with the ability to report clinical indicators and performance measures, are a key tool to accomplish Quality Improvement (QI) activities. The goal is to connect data from across the continuum of care from Prehospital to In-Hospital to Post-Hospital disposition in order to optimally evaluate patient outcomes.

SJCEMSA Policy No. 6381, <u>STEMI Receiving Center Data Requirements</u> defines the data elements that are required from prehospital and hospital providers monthly. SJCEMSA collects these data elements from designated STEMI Receiving Centers and EMS providers to monitor, review, evaluate, and improve the delivery of prehospital advanced life support and hospital cardiac care services.

The data collection form referenced in SJCEMSA Policy No. 6381 is attached as "San Joaquin County STEMI Program Data Collection Form."

Integration of SRCs from Neighboring Jurisdictions

SJCEMSA provides integration of additional SRC designated hospitals in neighboring jurisdictions capable of receiving STEMI patients from San Joaquin County in SJCEMSA Policy No. 5201, <u>Medical Patient Destination</u>.

STEMI Quality Improvement

Reaching for excellence in any system requires a functional decision-making process among the team of workers and users within that system. Inherent to this process is the need to know how the system is functioning and what to do to fix or improve. The concept of continuous quality improvement (CQI) particularly in the field of health care relies mainly upon the following fundamental components:

- The availability of reliable and trusted information
- The ability to effectively communicate that information in easy to understand ways
- A standardized approach to reaching decisions and acting on those decisions

It is through SCEMSA's Continuous Quality Improvement that the gap between performance and expectations narrows. It pushes the standards upward which results in better outcomes. Quality Improvement stresses understanding complex processes, measuring performance using reliable statistical methods, and using that information to build quality into our processes.⁴

SJCEMSA Policy No. 6620, <u>Continuous Quality Improvement Process</u> and SJCEMSA Policy No. 4801, <u>STEMI Receiving Center Designation</u> establish a system-wide Quality Improvement Program to continuously monitor, review, evaluate and improve the delivery of Prehospital, In-Hospital and Post-Hospital care of the STEMI patient. The program has active members from each SRC and system partners and includes Prospective/Concurrent/Retrospective review.

The STEMI program is integrated into the existing quality improvement committee by scheduling quarterly meetings of the SJCEMSA CQI Council to focus on STEMI related issues.

⁴ Stroup, Craig, Fundamentals of Emergency Medical Services System Evaluation and Quality Improvement (Pinecrest Publishing House, 2015)

Education and Outreach Programs for Cardiac Care

SJCEMSA San Joaquin County Emergency Medical Services Agency will ensure all SRCs are providing community education and prehospital education regarding cardiac care as specified in written agreements. Audit of these programs will occur yearly with summary of programs

Index Attachments

Attachment	Policy Document #	Document Name
Α	5700	SJCEMSA Policy No. 5700, Advanced Life Support Treatment Protocols,
		Chest Pain of Suspected Cardiac Origin
В	5201	SJCEMSA Policy No. 5201, Medical Patient Destination
С	3410	SJCEMSA Policy No. 3410, ALS Field to Hospital Communication
D	3411	SJCEMSA Policy No. 3411, ALS Radio Report Formats
Ε	6381	SJCEMSA Policy No. 6381, STEMI Receiving Center Data Requirements
F	4801	SJCEMSA Policy No. 4801, STEMI Receiving Center Designation

Attachment A:

Chest Pain of Suspected Cardiac Origin

Characterized by: substernal chest pain; chest or epigastric discomfort; heaviness; squeezing; burning or tightness; pain radiating or isolated to jaw, shoulders, arms or back; nausea; diaphoresis; dizziness; dyspnea; anxiety; or back pain. Patient may have history of coronary artery disease.

Definitions:

1. STEMI- ST segment elevation myocardial infarction.

Documentation Standards:

- 1. Every 5 minutes for unstable patients, every 15 minutes for stable patients:
 - A. BP.
 - B. Respirations.
 - C. Pulse.
 - D. SpO2
- 2. Obtain:
 - A. 12 lead ECG.
 - B. Blood glucose level, if diabetic.
 - C. Pain scale PRN.
 - D. Physical assessment.
 - E. Lung sounds.
- 3. If aspirin withheld, why?

Objective Findings:						
Signs & Symptoms	Comorbidities	Differentials				
Description of pain (OPQRST): A. Onset: acute or progressive. B. Provocation: better with rest or NTG. C. Quality: dull or pressure. D. Radiation: shoulder or back.	 Other cardiac problems. Hypertension. Diabetes. Stroke. Family history of MI/CAD. Drug use (e.g. Cocaine, Meth). 	 Muscular skeletal chest pain. Pericarditis. Stable angina. Pulmonary embolism. Pericardial effusion. Gastroenteritis. GERD. Pancreatitis. Aortic Dissection. 				
 E. Severity variable on a scale of 1-10. F. Time: last known well time. 2. Nausea. 3. Vomiting. 4. Diaphoresis. 5. Dyspnea. 6. Dizziness. 7. Palpations. 8. Indigestion. 	Home Meds: 1. Aspirin: Has the patient taken an aspirin today? Does the patient usually take aspirin? Has the patient been advised by their private medical doctor to take one (1) aspirin per day? 2. Nitroglycerin: Have they taken it?					

Chest Pain of Suspected Cardiac Origin

Treatment:

- Cardiac monitor.
- 2. Monitor SpO2, if <94%, 1-15 LPM, O2, NC or NRB, titrate to 94%.
- 12 Lead ECG.
- 4. Blood glucose level, if diabetic.
- 5. IV, NS, TKO.
- 6. NTG 0.4mg, SL if SBP >100 every 5 minutes x3 doses.
- 7. ASA 324mg PO, if patient is able to swallow.

If chest pain persists after 3 NTG, and SBP >100:

8. Morphine 2mg IV/IO, every 5 minutes. Max of 10 mg.

If chest pain persists after 3 NTG, and SBP <100:

9. Fentanyl 1 mcg/kg slow IV/IO, every 5 minutes, max single dose 100 mcg, max total dose 2 mcg/kg.

STEMI Alert Process if 12 lead reads:

LP12 (***ACUTE MI SUSPECTED***)

LP15 (***MEETS ST ELEVATION MI CRITERIA***)

Zoll E Series (** ** ** * ACUTE MI * ** ** **)

Zoll X Series (*** STEMI ***)

- 1. Contact SRC as early as possible.
- 2. Transmit 12 Lead to SRC.
- 3. Transport as soon as feasible.

Nitroglycerin:

- 1. **No NTG** if computerized interpretation of 12 lead states Inferior MI or elevation of greater than 2 mm in 2 or more contiguous inferior leads (II, III, or aVF).
- 2. **No NTG** if patient has had Viagra in past 24 hours or Cialis in past 36 hours.

Morphine:

 No MS if computerized interpretation of 12 lead states Inferior MI or elevation of greater than 2 mm in 2 or more contiguous inferior leads (II, III, or aVF). Administer fentanyl 1 mcg/kg slow IV/IO, every 5 minutes, max single dose 100 mcg, max total dose 2 mcg/kg.

Aspirin:

- 1. HOLD ASPIRIN IF DISSECTION IS SUSPECTED.
- 2. May give Aspirin 324mg PO if patient reports taking "baby"/daily 81mg Aspirin.

Considerations:

- 1. It is no longer recommended to place patient on oxygen unless SpO2 is less than 94% or patient appears short of breath.
- 2. **DO NOT** initiate an IO if patient is conscious and stable.
- 3. If SBP below 90 at any point infuse NS 500ml IV/IO bolus, may repeat x3, to max of 1500mL if no crackles and/or rales present.
- 4. If 12 lead ECG does not indicate "Acute MI Suspected" and patient is showing signs and symptoms of STEMI to include: a. 2 mm ST elevation in two or more contiguous leads.
- 5. Notify approved STEMI center and transmit 12 Lead ECG to receiving ED for physician interpretation.

Base Hospital Orders

- Consult Base Hospital if additional orders are needed or patient has atypical presentation.
- 2. If patient remains hypotensive after fluid bolus discuss additional fluid vs. dopamine.

Attachment B:

PURPOSE:

The purpose of this policy is to provide direction to EMS personnel on determining the appropriate destination for medical patients.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220, 1798, and 1798.170

DEFINITIONS:

- A. "Base Hospital" and "Disaster Control Facility (DCF)" means San Joaquin General Hospital which is responsible for directing the prehospital care system in accordance with the policies and procedures of the SJCEMSA.
- B. "Non-traumatic Life Threatening Condition" means a medical patient with an unmanageable airway compromised by swelling or obstruction, or uncontrolled bleeding, or rapidly deteriorating vital signs.
- C. "Primary Stroke Center" or "PSC" means a receiving hospital designated as a PSC by the SJCEMSA or designated as a PSC by another local EMS agency and recognized by the SJCEMSA.
- D. "Receiving Hospital" means a licensed general acute care hospital with a permit for basic or comprehensive emergency services.
- E. "ROSC" means the return of spontaneous circulation following cardiac arrest.
- F. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency, which is the designated local emergency medical services agency for San Joaquin County.
- G. "STEMI Receiving Center" or "SRC" means a licensed acute care hospital with the capability to perform PCI which has satisfied the requirements for designation as set forth by the SJCEMSA or designated by another local EMS agency and recognized by SJCEMSA.

POLICY:

- Prehospital personnel shall assess all patients and offer ambulance transportation to any
 patient needing medical care and provide ambulance transportation to any patient requesting
 transport to a receiving hospital with implicit or implied consent.
- II. Medical patients shall be transported to a receiving hospital based on the following priorities:
 - A. Multi-casualty incident destination as coordinated with DCF.
 - B. Cardiac arrest closest receiving hospital.
 - C. Acute STEMI or sustained ROSC closest STEMI receiving center.
 - D. Sustained ventricular tachycardia with a pulse closest STEMI receiving center.
 - E. Acute stroke:
 - 1. Patients with last known well time of less than 4 hours or RACE Score greater than or equal to 5 transport to closest PSC.
 - All other patients transport to PSC of their choice or if no choice transport to closest PSC.
 - F. Non-traumatic life threatening condition closest receiving hospital or base hospital direction.
 - G. Active labor with complications closest hospital with labor and delivery (L&D) service.
 - H. Active labor without complications patient choice of receiving hospital with labor and

delivery services.

- Non-emergent condition patient choice.
- J. No preference specified closest receiving hospital.
- III. Parameters affecting transport destinations for medical patients:
 - A. Acute ST Elevated Myocardial Infarction (STEMI) Patient Considerations:
 - 1. Patients with an acute STEMI shall be transported to a designated STEMI Receiving Center (SRC) by-passing all other receiving hospitals.
 - 2. The following receiving hospitals are designated or recognized as SRCs for the San Joaquin County EMS System:
 - a. Dameron Hospital.
 - b. St. Joseph's Medical Center.
 - c. Doctors Medical Center
 - d. Memorial Medical Center.
 - 3. The travel distance between Dameron Hospital and St. Joseph's Medical Center is determined to be inconsequential. If a STEMI patient expresses a preference the patient may be transported to either SRC in Stockton. The same patient preference applies to the choice between Doctors Medical Center and Memorial Medical Center.
 - B. The following receiving hospitals are designated or recognized as a Primary Stroke Center (PSC) by the SJCEMSA:
 - 1. Adventist Lodi Memorial Hospital.
 - Dameron Hospital.
 - 3. Doctors Hospital of Manteca.
 - 4. Kaiser Hospital Manteca.
 - 5. San Joaquin General Hospital.
 - St. Joseph's Medical Center.
 - 7. Sutter-Tracy Community Hospital.
 - 8. Doctors Medical Center, Modesto.
 - Kaiser Medical Center, Modesto.
 - Memorial Medical Center, Modesto.
 - C. Active Labor Considerations:
 - 1. Active labor <u>without complications</u> is deemed to be a non-emergent condition. These patients may be taken to the receiving hospital with labor and delivery services (L&D) of their choice, as listed in subparagraph C. 3.
 - 2. Active labor <u>with complications</u> (prolapsed cord, breech presentation) shall be transported to the closest receiving hospital with L&D services.
 - 3. The following is a list of receiving hospitals with L&D services in San Joaquin County and in areas immediately adjacent to San Joaquin County:
 - a. Doctors Hospital of Manteca.
 - b. Adventist Lodi Memorial Hospital.
 - c. San Joaquin General Hospital.
 - d. St. Joseph's Medical Center.
 - e. Sutter-Tracy Community Hospital.
 - f. Kaiser Medical Center, Modesto.
 - g. Doctors Medical Center, Modesto.
 - h. Memorial Medical Center, Modesto.

- i. Kaiser Medical Center, South Sacramento.
- D. Non-Emergent Medical Patient Destination Considerations:
 - In a non-emergent situation, as determined by prehospital care personnel on scene or following base hospital consultation, the patient may be transported to the receiving hospital of their choice in San Joaquin County, Stanislaus County, or Sacramento County.
 - 2. If the patient is unable or unwilling to express a choice, defer to the wishes of the patient's private physician and/or family. In the absence of such direction, patients should be transported to the closest receiving hospital.
 - 3. Whenever possible ambulance personnel should determine where the patient normally receives medical care and encourage the patient to return to that hospital.
 - 4. Prehospital care personnel should only provide the patient and/or family with the available destination options and should not endorse a receiving facility or otherwise provide their personal opinion on the quality or merits of any receiving hospital.
 - 5. If the patient is a member of a health plan with a preferred hospital, an attempt should be made to transport the patient to a participating or preferred receiving hospital.
 - 6. If the countywide system status management ambulance availability is less than seven (7) ambulances, non-emergent medical destinations may be limited to receiving hospitals in San Joaquin County.
 - 7. Ambulance personnel are not required to contact and should not contact the base hospital for permission to transport a non-emergent patient to a receiving hospital in San Joaquin County, Stanislaus County, or Sacramento County.

IV. Medical Multi-Casualty Incidents:

- A. During an MCI the DCF may expand patient destinations to any receiving hospital within OES Region IV with initial preference being hospitals located in San Joaquin County, Stanislaus County, and Sacramento County.
- V. Receiving Hospital Facility Status:
 - A. Patients shall not be transported to a receiving hospital with a facility status of diversion.
 - B. Patients shall not be transported to a receiving hospital with a facility status of internal disaster/closed.
 - C. Specialty Services:
 - 1. If a receiving hospital posts a facility status advising that a specialty service is unavailable, patients requiring such specialty service should be transported to another receiving hospital offering that specialty service.
 - 2. Specialty services include:
 - a. Computerized tomography (CT);
 - b. Primary Stroke Center services.
 - c. STEMI Center services.
 - d. Labor and delivery services.

Attachment C:

PURPOSE:

The purpose of this policy is to define the requirements for ALS medical communications between paramedics and base or receiving hospitals.

AUTHORITY: Health and Safety Code, Division 2.5 Section 1797.220, 1798 et seg.

DEFINITIONS:

- A. "Base Hospital" and "Disaster Control Facility (DCF)" mean San Joaquin General Hospital which is responsible for directing the prehospital care system in accordance with the policies and procedures of the EMS Agency.
- B. "Receiving Hospital" means a licensed general acute care hospital with a permit for basic or comprehensive emergency services.

POLICY:

- I. Paramedics may only accept on-line medical direction from a MICN or Base Hospital Physician (BHP) from San Joaquin General Hospital.
- II. When conducting radio communication between the field and a receiving hospital, no patient names, or other identifying information shall be used, except at the request of the physician and with the patient's approval.
- III. Standard patient presentations to the base hospital or receiving hospital should be kept to 60 seconds or less.
- IV. Base hospital contact shall be made as required by EMS Agency policies and when prehospital personnel need to consult with a BHP.

V. ALS communications:

- A. Paramedics shall use the med-net radio to make base hospital contact. If radio failure occurs or radio communication cannot be established the paramedic may contact the base hospital using a cellphone or landline phone on the assigned recorded telephone line.
- 1. Paramedics using telephone communication with the base hospital shall submit a Med-Net Radio Problem Report Form to the EMS Agency within 24 hours of occurrence.
- B. ALS Communications shall be classified as follows:
- 1. MCI Pre Alert: The primary responding ambulance or ambulance provider supervisor shall notify the DCF in the event of a potential multi-casualty incident (MCI) or disaster. This notification shall be made as soon as an ambulance is dispatched to the incident. Early notification allows the DCF to obtain accurate bed and surgeon availability.
- 2. ALS Early Notification/Alert Report: Should be brief and last no longer than 20 to 30 seconds in duration with minimal questioning. The purpose of the ALS Early Notification/Alert Report is to provide the base or receiving hospital with notice to prepare for the patient.
- a. ALS personnel should consider the use of this report format in the following situations:
- i. Trauma, STEMI, stroke alert.
- ii. Obstetric patient with imminent delivery.

- iii. Uncontrolled life-threatening condition(s).
- iv. Patient report or transport or both will be delayed.
- v. Potential impact on emergency department operations such as the need for decontamination.
- b. The ALS Early Notification/Alert Report format is a "heads up" type of report, which any member of the transport team may provide. A MICN is not required to accept these reports. However, base and receiving hospitals shall ensure that only qualified personnel with proper training are used in field to hospital communications.
- 3. Advisory Report: Called in to the receiving hospital as an "information only" report.
- a. At a minimum, the prehospital provider administering patient care shall provide an advisory report to either the base hospital or receiving hospital (as appropriate) for all patients transported.
- b. Base and receiving hospitals shall ensure that only trained and qualified personnel receive advisory reports
- c. For use with patients in the following situations:
- i. BLS treatment has been rendered and the patient has stabilized and/or no further order or direction is required.
- ii. ALS standing orders have been implemented by a Paramedic and the patient has stabilized and/or no further order or direction is required.
- Base Hospital/ALS Consultation Report:
- a. Report format used when:
- i. A patient's medical condition requires that the paramedic seek medical direction or advice from the base physician or MICN.
- ii. A patient is refusing treatment or transport against medical advice (AMA) after a patient has already received a BLS (e.g. oral glucose) or ALS intervention (e.g. naloxone) or if in the opinion of the attending paramedic the patient has a medical condition requiring transport to a receiving hospital.
- iii. Assistance is needed with unusual patient presentation or to resolve disagreements between paramedics about patient treatment.
- b. This type of consultation report is directed to the base hospital regardless of patient's intended destination.
- c. The attending paramedic shall make this report personally unless prevented by the need to provide immediate patient care.
- d. If the patient destination is not the base hospital where the patient report was called, it is the responsibility of the base hospital to provide a patient report to the receiving hospital where the patient is being transported.
- VI. Report Format, EMS Policy No. 3411, ALS Radio Report Format.

Initial MCI Report	Advisory Report to a Receiving Hospital	Base Hospital Report/ALS Consultation Report	
 Confirm or cancel the MCI Alert. Location of incident. Name of incident, e.g. Blackjack Incident. MCI position title, e.g. Blackjack Medical Group Supervisor. Incident Type: Trauma. Medical. Hazmat. Approximate number of patients. Estimated time triage will be complete. Second MCI Report Total number of patients and their triage categories: Immediate Adult. Pediatric. Delayed. Minor. Note: Patient transport should begin as soon as any immediate patient(s) are ready for transport and destinations are determined by Control Facility or standing orders. Don't delay transport of immediate patients waiting for destinations for all patients. 	 Unit ID. Name and level (EMT or paramedic) of person making report. Trauma, MCI, STEMI or Stroke Alert, if indicated. Transport Code 2 or 3. Patient age, gender, weight(s). Chief complaint. History of incident. Trauma Triage Criteria met (if applicable). Pertinent medical history. Pertinent medications. 11. Vital signs to include: blood pressure, pulse, respirations, pulse oximetry. 12. Level of Consciousness Treatment provided Patient response to treatment. Estimated time of arrival to receiving hospital 	 Unit ID. Name and level (EMT or paramedic) of person seeking orders. Request for consultation/orders needed (State reason for calling) Trauma, MCI, STEMI or Stroke Alert, if indicated Transport Code 2 or 3. Patient age, gender, weight. Chief Complaint. History of incident. Trauma Triage Criteria met (if applicable). Patient Condition (e.g. stable, improving, worsening). Vital Signs to include: blood pressure, pulse, respirations, pulse oximetry and Glasgow Coma Scale (best eye, motor, and verbal) Interventions: BLS Treatment rendered and patient response. ALS Standing Orders implemented and patient response. Primary survey (LOC, skin signs). Secondary Physical Exam. Past medical history/PMD. Medications/allergies. Estimated time of arrival to 	
May Receive Prehospital Report:	May Receive Prehospital Report:	receiving hospital. May Receive Prehospital Report:	
MICN or Base Physician ONLY!	Any Receiving Hospital Medical Personnel	MICN or Base Physician ONLY!	

Attachment E:

PURPOSE: The purpose of this policy is to establish the minimum data and report requirements for designated STEMI Receiving Centers (SRC).

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.67, 1797.88, 1797.220, 1798, and 1798.170; California Code of Regulations, Title 22, Division 9, Chapter 7.1.

DEFINITIONS:

- H. "Advanced Life Support (ALS)" means special services designed to provide definitive prehospital emergency medical care as described in H.S.C. Division 2.5 Section 1797.52.
- I. "Door to Balloon" means the time interval as measured from the time the patient arrives at the hospital emergency department until completion of Percutaneous Coronary Intervention (PCI), also known as angioplasty.
- J. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency.
- K. "Percutaneous Coronary Intervention" or "PCI" means a procedure used to open or widen a narrowed or blocked coronary artery to restore blood flow supplying the heart.

POLICY:

- Data Collection and Submission Requirements.
 - A. SRCs shall collect the following data elements for each month and submit the data on a form prescribed by SJCEMSA within forty-five (45) days from the end of each month: For patients that received primary PCIs which includes patients brought by ambulance, walk-ins, inter-facility transfers, and in-patients.
 - EMS ePCR Number
 - Hospital Record Number
 - 3. Call Origin (scene; IFT; triage)
 - 4. Facility Name
 - Patient Name; Last, First
 - Patient Date of Birth
 - 7. Patient Age.
 - Patient Gender.
 - Patient Race
 - 10. Hospital Arrival Date
 - 11. Hospital Arrival Time (per CAD)
 - 12. Dispatch Date.
 - Dispatch Time
 - 14. Incident Zip Code
 - 15. Time ALS personnel arrives at patient's side,
 - Time ambulance enroute to SRC
 - 17. ECG performed (Y/N)
 - 18. First ECG Date
 - 19. First ECG Time
 - 20. Out of hospital cardiac arrest (Y/N)
 - 21. SRC received STEMI Alert from prehospital (Y/N)
 - 22. Time SRC received STEMI Alert from an ALS provider.
 - Time ECG received from the field.
 - 24. Time ECG read by physician
 - 25. Time "STEMI Alert" called at SRC

- 26. Cath Lab Activated (Y/N)
- 27. Cath Lab Activation Date
- 28. Cath Lab Activation Time
- 29. The SRC physician's interpretation of whether the prehospital STEMI Alert is warranted based upon the SRC physician's reading of the ECG (e.g. true positive, false positive, true negative, false negative, evolving subsequent.)
- 30. Patient to Cath Lab (Y/N)
- 31. Patient Arrived at Cath Lab Date
- 32. Patient arrived at Cath Lab Time
- 33. PCI Performed (Y/N)
- 34. PCI Date
- 35. PCI Time
- 36. Fibrinolytic Infusion (Y/N)
- 37. Fibrinolytic Infusion Date
- 38. Fibrinolytic Infusion Time
- 39. Transfer (Y/N)
- 40. Hospital Discharge Date
- 41. Patient Outcome
- 42. Primary and Secondary Discharge Diagnosis per coding.

II. Quarterly Aggregate Report Submission Requirements.

- A. Hospital-Based Reports:
 - Total time and number of episodes per year that catheterization lab was not able to function.
 - For STEMI Patients:
 - a. Rate of PCI procedure success measured as the number of patients achieving TIMI Grade III flow.
 - b. Emergency Coronary Artery Bypass rate.
 - c. Rate of vascular complications (PCI Access site complication, hematoma large enough to require transfusion, or operative intervention required).
 - d. Rate of cerebrovascular accident rate (peri-procedure).
 - e. Number of morbidity events (in-hospital stroke, vascular complications).
 - In-hospital mortality rate.
 - g. Proportion of STEMI patients receiving any reperfusion (PCI or fibrinolytics therapy).
 - h. Proportion of suspected STEMI patients who underwent coronary angiography found not to have an occlusion.
 - Total number of STEMI admissions.
 - i. Total number of PCI procedures.
 - i. Primary by ambulance
 - ii. Primary by other
 - iii. Scheduled
 - k. The minimum time, the maximum time, average time, for patients that did not arrive by ambulance:
 - Door-to-ECG.
 - ii. Door-to-catheterization lab,
 - iii. Door- to-balloon.
 - I. The minimum time, the maximum time, average door to balloon time for patients that were transferred from another acute care facility.

Attachment F:

PURPOSE:

The purpose of this policy is to establish requirements for designation as a STEMI Receiving Center (SRC) in San Joaquin County.

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.67, 1797.88, 1797.220, 1798, and 1798.170; California Code of Regulations, Title 22, Division 9, Chapter 7.1.

DEFINITIONS:

- L. "Cardiac Catheterization Team" means the specially trained health care professionals that perform percutaneous coronary intervention. It may include, but is not limited to, an interventional cardiologist, mid-level practitioners, registered nurses, technicians, and other hospital personnel needed to perform PCI.
- M. "Interventional Cardiologist" means a physician credentialed by the SRC.
- N. "Percutaneous Coronary Intervention" or "PCI" means a procedure used to open or widen a narrowed or blocked coronary artery to restore blood flow supplying the heart.
- O. "PCI Procedure Success" means achievement of <30% residual diameter stenosis of all treated lesions as assessed by visual inspection or Quantitative Coronary Analysis (QCA), without an in-hospital major adverse cardiac event (death, MI, or repeat coronary revascularization of the target lesion). Note: For some device interventions (e.g., balloon angioplasty), achievement of <50% diameter stenosis by visual inspection or QCA is an acceptable definition for procedure success.
- P. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency.
- Q. "STEMI" means ST Segment Elevation Myocardial Infarction and refers to an abnormal finding in a 12-Lead ECG that is indicative of coronary artery perfusion blockage.
- R. "STEMI Receiving Center" or "SRC" means a licensed acute care hospital with the capability to perform PCI which has satisfied the requirements for designation as set forth by the San Joaquin EMS Agency.
- S. "STEMI Team" means the clinical personnel, support personnel, and administrative staff that function together as part of the hospital's STEMI program.

POLICY:

III. Designation Criteria:

A. Hospital Services:

- 1. Hold a special permit from the California Department of Public Health (CDPH) for Basic or Comprehensive Emergency Medical Services.
- 2. Hold a special permit from CDPH for a Cardiac Catheterization Laboratory with laboratory services available to operate 24 hours per day, 7 days per week, 365 days per year.
- 3. Hold a special permit from CDPH for Cardiovascular Surgery Service.
- 4. Intra-aortic balloon pump capability available to operate 24 hours per day, 7 days per week, 365 days per year.
- 5. Have in place policies and procedures for the automatic acceptance of any STEMI patient being transferred from another acute hospital in San Joaquin County.
- 6. Agree to be responsible for all expenses related to participation as a designated SRC, including the costs associated with reception and transmission of 12-lead ECG transmission by ambulance.
- 7. Have a single-call activation system to activate the Cardiac Catheterization Team directly.

B. Required Hospital Personnel:

- SRC Medical Director
 - a. The hospital shall designate a medical director for the STEMI program who shall be a physician certified by the American Board of Internal Medicine (ABIM) with current ABIM sub-specialty certification in Cardiovascular Disease, who will ensure compliance with SRC standards and perform ongoing Quality Improvement (QI) as part of the hospital QI Program.
 - b. The SRC Medical Director must be a credentialed member of the medical staff with PCI privileges.
- 2. SRC Program Manager:
 - a. The SRC shall designate a program manager for the STEMI program who shall be a registered nurse with experience in Emergency Medicine or Cardiovascular Care, who shall assist the SRC Medical Director to ensure compliance with SRC standards and the QI program.
- Physician Consultants:
 - a. The SRC shall maintain a daily roster of the following on-call physicians:
 - Interventional Cardiologists who shall be available to arrive at the catheterization lab within thirty (30) minutes of a STEMI alert/activation.
 - ii. Cardiovascular Surgeon available to provide on-site cardiac surgery.
 - b. The SRC will submit a list of Cardiologists with active PCI privileges to SJCEMSA annually.
- Cardiovascular Lab Coordinator:
 - a. The SRC shall have a Cardiovascular Lab Coordinator who shall assist the SRC Medical Director and SRC Program Manager to ensure compliance with SRC standards and the QI Program.

- 5. Intra-aortic balloon pump staff(s).
- 6. Appropriate cardiac catheterization nursing and support personnel.

C. Required Clinical Capabilities

- 1. Perform a minimum of 36 primary (emergency) PCI procedures and 250 total (emergency plus elective) PCI procedures annually to qualify as an SRC.
- 2. The SRC's Interventional cardiologists perform a minimum number of PCI procedures per year as established by the SRC.
- 3. An Intra Aortic Balloon Pump shall be available on site 24 hours per day, 7 days per week, 365 days per year with a person capable of operating this equipment.
- 4. The Cardiac Catheterization Laboratory shall be operable 24 hours per day, 7 days per week, and 365 days per year.
- 5. Capability to receive and interpret 12 lead ECG transmissions from the field 24 hours per day, 7 days per week, 365 per year.
- 6. Meet clinical benchmarks as defined in the provisions set forth in the written agreement with SJCEMSA.

D. Required Hospital Policies:

- 1. Cardiac interventionalist activation.
- 2. Cardiac catheterization team activation requirement.
 - a. The SRC shall initiate in-hospital STEMI alerts that fully activate the cardiac catheterization lab for prehospital patients upon notification received from a paramedic who has reported that a patient's ECG indicates the presence of STEMI in accordance with SJCEMSA requirements for STEMI alerts. Such in-hospital activation may be delayed up to five (5) minutes pending receipt and interpretation of the transmitted prehospital ECG by the ED physician.
 - b. The SRC shall not be required to initiate a STEMI alert upon a determination by a physician that a patient's ECG does not indicate STEMI.
- 3. STEMI contingency plans for personnel and equipment to address simultaneously arriving STEMI patients.
- 4. Protocols for the identification of STEMI patients that include applicability in the intensive care/coronary care unit, Cath lab and the emergency department.
- Coronary angiography.
- 6. PCI and use of fibrinolytics.
- 7. Interfacility transfer STEMI policies/protocols.
- 8. Criteria for patients to receive emergency angiography or emergent fibrinolysis based upon physician decisions for individual patients.
- 9. Adoption of goals for internal process components that affects the time to Primary PCI.
- 10. Acceptance of all patients transported by ambulance with a field clinical impression of an acute myocardial infraction.
- 11. Written job descriptions and organizational structure clarifying the relationship between the STEMI medical director, STEMI program manager, and the STEMI Team.

E. Quality Improvement Program:

- Written internal quality improvement plan/program that minimally reviews and collects 100 percent of outcome data for STEMI patients that includes:
 - a. Emergency CABG rate (result of procedure failure or complication).
 - b. Vascular complications (access site, transfusion, or operative intervention required).

- c. Cerebrovascular accident rate (peri-procedure).
- Sentinel event, system organization issue review and resolution processes.
- e. In-hospital mortality for PCI patients.
- In-hospital mortality for all myocardial infarction patients (STEMI and non-STEMI).
- g. PCI Procedure Success Rate.
- Number of Coronary Artery Bypass procedures that were not prescheduled.
- 2. Participation in prehospital STEMI related educational activities.
- Establish a STEMI Quality Improvement Committee that reviews STEMI processes, outcomes and individual cases on an ongoing basis with at least quarterly meetings. An SJCEMSA representative shall be assigned to attend all aspects of such meetings.
- 4. The SRC shall participate in SJCEMSA's quality improvement processes related to the STEMI critical care system.

IV. SRC Program Evaluation:

- A. The SJCEMSA shall evaluate ongoing SRC program(s) based upon the following minimum standards:
 - 1. Clinical Process Performance Standards.
 - a. Availability of catheterization lab staff to perform duties within thirty (30) minutes of activation.
 - b. Door-to-needle time of less than 30 minutes for patients not sent for PCI but who receive thrombolytics.
 - c. Door-to-balloon time:
 - Of less than 90 minutes for patients with a pre-alert notification of a positive prehospital 12-lead ECG;
 - ii. Of less than 90 minutes for walk-in patients or patients arriving by ambulance without a pre-alert STEMI notification.
 - d. Outcome measures and process will be assessed initially in the survey process and monitored on an ongoing basis.
 - 2. Data Submission and Reporting:
 - a. Submission of data to SJCEMSA as specified in EMS Policy No. 6381 in a manner and form approved by the SJCEMSA by no later than forty-five (45) days from the end of each month.
 - b. Submission of quarterly aggregate reports to the EMS Agency as specified in EMS Policy No. 6381, in a manner and form approved by SJCEMSA, by no later than the 90 days following the end of the reporting period:
 - January, February, March.
 - ii. April, May, June.
 - iii. July, August, September.
 - iv. October, November, December.
 - 3. The hospital's ability to consistently avoid ambulance patient offload delays and transfer of care in the emergency department for all ambulance patients in accordance with SJCEMSA requirements.
 - 4. The hospital's compliance with the terms of the SRC agreement and SJCEMSA policies, procedures and protocols.

V. <u>Designation Process:</u>

- A. Designation as a SRC is open to all acute care hospitals in San Joaquin that can meet criteria for designation. Interested acute care hospitals may apply for SRC designation by submitting a complete SRC application packet to the EMS agency. SRC application packets will be made available upon request to the EMS Agency.
- B. SJCEMSA shall review the SRC application and arrange a site survey to evaluate the applicant's SRC program.
- C. SJCEMSA shall notify applicants of compliance with SRC designation criteria no later than 60 days following the site survey. Applicants meeting criteria will be offered an opportunity to enter into a written agreement approving their SRC program for a period up to 3 years. Applicants not meeting criteria for designation will be provided with a written summary of deficiencies.
- D. Designation is contingent upon payment of the annual STEMI center designation and monitoring fee established by the County. Failure to pay the designation and monitoring shall result in the automatic suspension of SRC program designation.
- E. SJCEMSA may deny, suspend, or revoke the designation of a SRC for failure to maintain compliance with designation criteria or the failure of the hospital to comply with any SJCEMSA policies, procedures, or protocols.

Addendum B Stroke Critical Care System Plan

This plan was prepared for the California Emergency Medical Services Authority

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Executive Summary

California statute mandates the Emergency Medical Services Authority (EMSA) to adopt necessary regulations to carry out the coordination and integration of all state activities concerning Emergency Medical Services (EMS) (Health and Safety Code §1797.107).

In addition, State statute allows the EMS Authority to establish guidelines for hospital facilities, in cooperation with affected medical organizations, according to critical care capabilities (Health and Safety Code §1798.150).

As a result of these statutes, the EMS Authority established a multidisciplinary stroke taskforce for the development of Stroke System of Care Regulations for California.¹

Requirements for California's Statewide Stroke Critical Care System is described in the California Code of Regulations; Title 22, Division 9, Chapter 7.2. As a requirement of the California Regulations, this document is to serve as a formal written plan for the SJCEMSA Stroke Critical Care System.

¹ https://emsa.ca.gov/about-stroke/

Major Needs and Program Solutions

1. Need: Develop and implement a policy that facilitates the inter-facility transfer of a stroke patient.

<u>Program Solution</u>: Develop and implement a policy that ensures the timely and appropriate inter-facility transfer of a Stroke patient.

TIME FRAME FOR MEETING OBJECTIVE:

- ☑ Short-Range Plan (one year or less)
- □ Long-Range Plan (more than one year)
- 2. <u>Need</u>: Implementation of the Stroke multi-disciplinary care committee for stroke care in San Joaquin County.

<u>Program Solution</u>: Creation of policy with a 45-day comment period followed by implementation and assignment of committee members.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- ☐ Long-Range Plan (more than one year)

San Joaquin County EMS Agency Personnel – Stroke Program

Kathrine Shafer MD, EMS Medical Director Dan Burch, EMS Administrator Jeff Costa RN, EMS Critical Care Coordinator

Designated Stroke FacilitiesSan Joaquin County Primary Stroke Center

San Joaquin County has seven hospitals each designated as a Primary Stroke Center (PSC).

The California State Regulations define a Primary Stroke Center in section 100270.207 as "a hospital that treats acute stroke patients, and identifies patients who may benefit from transfer to a higher level of care when clinically warranted."

The San Joaquin County Emergency Medical Services Agency (SJCEMSA) has written agreements with hospitals that are designated PSCs. To be considered for PSC designation, hospitals must hold a current certification as a PSC by The Joint Commission and fill out a SJCEMSA PSC Designation Application packet. The application packet contains an evaluation tool that SJCEMSA uses to ensure that the facility meets the requirements to receive PSC Designation.

Patient Identification & Destination Policies

In Stroke systems of care, Stroke patients should be transported to a facility most appropriate to treat acute stroke patients and identify patients who may benefit from transfer to a higher level of care when clinically warranted. Early identification and prenotification to PSCs using a recognized stroke screening tool facilitates appropriate triage and treatment of acute stroke patients.²

² https://www.ahajournals.org/doi/10.1161/STR.000000000000173

Communication

The medical literature suggests that patients with pre-hospital pre-arrival notification to a primary stroke center (PSC) are more likely to be treated with tPA within 3 hours of arrival; have shorter arrival to imaging times and shorter arrival to onset to needle times. Additionally pre-hospital pre-arrival notification is directly associated with improved patient outcome, treatment, and quality of care.³

San Joaquin County has implemented a comprehensive medical communication (Med-Net) system to enable mobile radio communication and telephone communication between prehospital care personnel and the SJCEMSA's designated base hospital; and between ambulances and each acute care receiving hospital within San Joaquin County, including all PSCs. Each acute care receiving hospital is equipped with a San Joaquin County owned and maintained radio equipment and antenna and assigned a San Joaquin County licensed assigned Med-Net communication frequency. Each acute care receiving hospital has a dedicated telephone line to receive ambulance telephone calls. Additionally, each PSC is required to install and maintain digital recording equipment to capture communication between prehospital personnel and the PSC to allow for concurrent and retrospective evaluation and quality improvement.

San Joaquin County EMS Agency has established EMS Policy No. 3410, <u>ALS Field to Hospital Communication</u> and EMS Policy No. 3411, <u>ALS Radio Report Format</u> directing prehospital personnel on when and how to provide pre-hospital notification to receiving hospitals, including STEMI receiving centers.

https://www.ahajournals.org/doi/full/10.1161/CIRCOUTCOMES.112.965210

Inter-Facility Transfers

In San Joaquin County, each acute care facility is currently designated as PSC. Stroke patients seen at PSCs occasionally require emergent transfer to Comprehensive Stroke Centers (CSC) for advanced care not provided at a PSC. For this reason, San Joaquin County PSCs have policies and procedures that include:

- · Pre-arranged agreements with CSC for transfer of patients
- Pre-arranged agreements with EMS providers for rapid transport of patients who are eligible for time-sensitive treatments

SJCEMSA does not have a policy in place to provide guidelines for ambulance transport of patients between acute care hospitals.

Data Collection

Stroke system of care monitoring and evaluation is conducted through SJCEMSA Quality Improvement Program.

Retrospective data collection and analysis lie at the heart of quality improvement. Data aids in understanding how well the systems work, identifying potential areas for improvement, setting measurable goals, and monitoring the effectiveness of change. Robust data systems, with the ability to report clinical indicators and performance measures, are a key tool to accomplish Quality Improvement (QI) activities. The goal is to connect data from across the continuum of care from Prehospital to In-Hospital to Post-Hospital disposition to optimally evaluate patient outcomes.

San Joaquin County Emergency Medical Services Agency has a policy in place to standardize data elements collected from designated PSCs and EMS providers to monitor, review, evaluate, and improve the delivery of prehospital advanced life support and hospital stroke care services. SJCEMSA Policy No. 6382, Primary Stroke Center Data Requirements defines the data elements that are required from prehospital and hospital providers on a monthly basis. Participation in the California Stroke Registry/California Coverdell Program and data entry into Get with the Guidelines Stroke are required by SJCEMSA for all designated PSCs.

Integration of PSCs from Neighboring Jurisdictions

San Joaquin County Emergency Medical Services Agency provides integration of additional PSC designated hospitals in neighboring jurisdictions capable of receiving stroke patients from San Joaquin County in SJCEMSA Policy No. 5201, Medical Patient Destination.

Stroke Quality Improvement

Reaching for excellence in any system requires a functional decision-making process among the team of workers and users within that system. Inherent to this process is the need to know how the system is functioning and what to do to fix or improve it. The concept of continuous quality improvement (CQI) particularly in the field of health care relies mainly upon the following fundamental components:

- The availability of reliable and trusted information
- The ability to effectively communicate that information in easy to understand ways
- A standardized approach to reaching decisions and acting on those decisions

It is through SJCEMSA's Continuous Quality Improvement that the gap between performance and expectations narrows. It pushes the standards upward which results in better outcomes. Quality Improvement stresses understanding complex processes, measuring performance using reliable statistical methods, and using that information to build quality into our process.⁴

SJCEMSA Policy No. 6620, <u>Continuous Quality Improvement Process</u> and SJCEMSA Policy No. 4811, <u>Primary Stroke Center Designation</u> establish a system-wide Quality Improvement Program to continuously monitor, review, evaluate and improve the delivery of Prehospital, In-Hospital and Post-Hospital care of the stroke patient. The program has active members from all system partners and includes Prospective/Concurrent/Retrospective review.

Additionally, a Multidisciplinary Stroke QI Committee Meeting occurs every quarter to review the stroke system of care with emphasis to policy, data collection, system updates, and presentations of stroke-related deaths, major complications, and transfers.

⁴ Stroup, Craig, Fundamentals of Emergency Medical Services System Evaluation and Quality Improvement (Pinecrest Publishing House, 2015), 5.

Education and Outreach Programs for Stroke Care

San Joaquin County Emergency Medical Services Agency will ensure all PSCs are providing community education and prehospital education regarding stroke care as specified in written agreements. Audit of these programs will occur yearly with summary of programs.

Index Attachments

Attachment	Policy Document #	Document Name	
Α	5201	SJCEMSA Policy No. 5201, Medical Patient Destination	
В	3410	SJCEMSA Policy No. 3410, ALS Field to Hospital Communication	
С	3411	SJCEMSA Policy No. 3411, ALS Radio Report Formats	
D	6382	SJCEMSA Policy No. 6382, Primary Stroke Center Data Requirements	
E	4811	SJCEMSA Policy No. 4811, Primary Stroke Center Designation	

Attachment A:

PURPOSE:

The purpose of this policy is to provide direction to EMS personnel on determining the appropriate destination for medical patients.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220, 1798, and 1798.170

DEFINITIONS:

- A. "Base Hospital" and "Disaster Control Facility (DCF)" means San Joaquin General Hospital which is responsible for directing the prehospital care system in accordance with the policies and procedures of the SJCEMSA.
- B. "Non-traumatic Life Threatening Condition" means a medical patient with an unmanageable airway compromised by swelling or obstruction, or uncontrolled bleeding, or rapidly deteriorating vital signs.
- C. "Primary Stroke Center" or "PSC" means a receiving hospital designated as a PSC by the SJCEMSA or designated as a PSC by another local EMS agency and recognized by the SJCEMSA.
- D. "Receiving Hospital" means a licensed general acute care hospital with a permit for basic or comprehensive emergency services.
- E. "ROSC" means the return of spontaneous circulation following cardiac arrest.
- F. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency, which is the designated local emergency medical services agency for San Joaquin County.
- G. "STEMI Receiving Center" or "SRC" means a licensed acute care hospital with the capability to perform PCI which has satisfied the requirements for designation as set forth by the SJCEMSA or designated by another local EMS agency and recognized by SJCEMSA.

POLICY:

- Prehospital personnel shall assess all patients and offer ambulance transportation to any patient needing medical care and provide ambulance transportation to any patient requesting transport to a receiving hospital with implicit or implied consent.
- II. Medical patients shall be transported to a receiving hospital based on the following priorities:
 - A. Multi-casualty incident destination as coordinated with DCF.
 - B. Cardiac arrest closest receiving hospital.
 - C. Acute STEMI or sustained ROSC closest STEMI receiving center.
 - Sustained ventricular tachycardia with a pulse closest STEMI receiving center.
 - E. Acute stroke:
 - 1. Patients with last known well time of less than 4 hours or RACE Score

- greater than or equal to 5 transport to closest PSC.
- All other patients transport to PSC of their choice or if no choice transport to closest PSC.
- F. Non-traumatic life threatening condition closest receiving hospital or base hospital direction.
- G. Active labor <u>with complications</u> closest hospital with labor and delivery (L&D) service.
- H. Active labor without complications patient choice of receiving hospital with labor and delivery services.
- I. Non-emergent condition patient choice.
- J. No preference specified closest receiving hospital.
- III. Parameters affecting transport destinations for medical patients:
 - A. Acute ST Elevated Myocardial Infarction (STEMI) Patient Considerations:
 - Patients with an acute STEMI shall be transported to a designated STEMI Receiving Center (SRC) by-passing all other receiving hospitals.
 - 2. The following receiving hospitals are designated or recognized as SRCs for the San Joaquin County EMS System:
 - a. Dameron Hospital.
 - b. St. Joseph's Medical Center.
 - c. Doctors Medical Center
 - d. Memorial Medical Center.
 - 3. The travel distance between Dameron Hospital and St. Joseph's Medical Center is determined to be inconsequential. If a STEMI patient expresses a preference the patient may be transported to either SRC in Stockton. The same patient preference applies to the choice between Doctors Medical Center and Memorial Medical Center.
 - B. The following receiving hospitals are designated or recognized as a Primary Stroke Center (PSC) by the SJCEMSA:
 - 1. Adventist Lodi Memorial Hospital.
 - Dameron Hospital.
 - 3. Doctors Hospital of Manteca.
 - 4. Kaiser Hospital Manteca.
 - 5. San Joaquin General Hospital.
 - 6. St. Joseph's Medical Center.
 - 7. Sutter-Tracy Community Hospital.
 - 8. Doctors Medical Center, Modesto.
 - 9. Kaiser Medical Center, Modesto.
 - Memorial Medical Center, Modesto.
 - C. Active Labor Considerations:
 - Active labor <u>without complications</u> is deemed to be a non-emergent condition. These patients may be taken to the receiving hospital with labor and delivery services (L&D) of their choice, as listed in subparagraph C. 3.

- 2. Active labor <u>with complications</u> (prolapsed cord, breech presentation) shall be transported to the closest receiving hospital with L&D services.
- The following is a list of receiving hospitals with L&D services in San Joaquin County and in areas immediately adjacent to San Joaquin County:
 - a. Doctors Hospital of Manteca.
 - b. Adventist Lodi Memorial Hospital.
 - c. San Joaquin General Hospital.
 - d. St. Joseph's Medical Center.
 - e. Sutter-Tracy Community Hospital.
 - f. Kaiser Medical Center, Modesto.
 - g. Doctors Medical Center, Modesto.
 - Memorial Medical Center, Modesto.
 - i. Kaiser Medical Center, South Sacramento.

D. Non-Emergent Medical Patient Destination Considerations:

- 1. In a non-emergent situation, as determined by prehospital care personnel on scene or following base hospital consultation, the patient may be transported to the receiving hospital of their choice in San Joaquin County, Stanislaus County, or Sacramento County.
- If the patient is unable or unwilling to express a choice, defer to the
 wishes of the patient's private physician and/or family. In the absence of
 such direction, patients should be transported to the closest receiving
 hospital.
- 3. Whenever possible ambulance personnel should determine where the patient normally receives medical care and encourage the patient to return to that hospital.
- 4. Prehospital care personnel should only provide the patient and/or family with the available destination options and should not endorse a receiving facility or otherwise provide their personal opinion on the quality or merits of any receiving hospital.
- 5. If the patient is a member of a health plan with a preferred hospital, an attempt should be made to transport the patient to a participating or preferred receiving hospital.
- 6. If the countywide system status management ambulance availability is less than seven (7) ambulances, non-emergent medical destinations may be limited to receiving hospitals in San Joaquin County.
- 7. Ambulance personnel are not required to contact and should not contact the base hospital for permission to transport a non-emergent patient to a receiving hospital in San Joaquin County, Stanislaus County, or Sacramento County.

IV. Medical Multi-Casualty Incidents:

A. During an MCI the DCF may expand patient destinations to any receiving hospital within OES Region IV with initial preference being hospitals located in

San Joaquin County, Stanislaus County, and Sacramento County.

V. Receiving Hospital Facility Status:

- A. Patients <u>shall not</u> be transported to a receiving hospital with a facility status of diversion.
- B. Patients <u>shall not</u> be transported to a receiving hospital with a facility status of internal disaster/closed.
- C. Specialty Services:
 - 1. If a receiving hospital posts a facility status advising that a specialty service is unavailable, patients requiring such specialty service should be transported to another receiving hospital offering that specialty service.
 - 2. Specialty services include:
 - a. Computerized tomography (CT);
 - b. Primary Stroke Center services.
 - c. STEMI Center services.
 - d. Labor and delivery services.

Attachment B:

PURPOSE:

The purpose of this policy is to define the requirements for ALS medical communications between paramedics and base or receiving hospitals.

AUTHORITY: Health and Safety Code, Division 2.5 Section 1797.220, 1798 et seg.

DEFINITIONS:

- A. "Base Hospital" and "Disaster Control Facility (DCF)" mean San Joaquin General Hospital which is responsible for directing the prehospital care system in accordance with the policies and procedures of the EMS Agency.
- B. "Receiving Hospital" means a licensed general acute care hospital with a permit for basic or comprehensive emergency services.

POLICY:

- I. Paramedics may only accept on-line medical direction from a MICN or Base Hospital Physician (BHP) from San Joaquin General Hospital.
- II. When conducting radio communication between the field and a receiving hospital, no patient names, or other identifying information shall be used, except at the request of the physician and with the patient's approval.
- III. Standard patient presentations to the base hospital or receiving hospital should be kept to 60 seconds or less.
- IV. Base hospital contact shall be made as required by EMS Agency policies and when prehospital personnel need to consult with a BHP.

V. ALS communications:

- A. Paramedics shall use the med-net radio to make base hospital contact. If radio failure occurs or radio communication cannot be established the paramedic may contact the base hospital using a cellphone or landline phone on the assigned recorded telephone line.
- 1. Paramedics using telephone communication with the base hospital shall submit a Med-Net Radio Problem Report Form to the EMS Agency within 24 hours of occurrence.
- B. ALS Communications shall be classified as follows:
- 1. MCI Pre Alert: The primary responding ambulance or ambulance provider supervisor shall notify the DCF in the event of a potential multi-casualty incident (MCI) or disaster. This notification shall be made as soon as an ambulance is dispatched to the incident. Early notification allows the DCF to obtain accurate bed and surgeon availability.
- 2. ALS Early Notification/Alert Report: Should be brief and last no longer than 20 to 30 seconds in duration with minimal questioning. The purpose of the ALS Early Notification/Alert Report is to provide the base or receiving hospital with notice to prepare for the patient.

- a. ALS personnel should consider the use of this report format in the following situations:
- i. Trauma, STEMI, stroke alert.
- ii. Obstetric patient with imminent delivery.
- iii. Uncontrolled life-threatening condition(s).
- iv. Patient report or transport or both will be delayed.
- v. Potential impact on emergency department operations such as the need for decontamination.
- b. The ALS Early Notification/Alert Report format is a "heads up" type of report, which any member of the transport team may provide. A MICN is not required to accept these reports. However, base and receiving hospitals shall ensure that only qualified personnel with proper training are used in field to hospital communications.
- 3. Advisory Report: Called in to the receiving hospital as an "information only" report.
- a. At a minimum, the prehospital provider administering patient care shall provide an advisory report to either the base hospital or receiving hospital (as appropriate) for all patients transported.
- b. Base and receiving hospitals shall ensure that only trained and qualified personnel receive advisory reports
- For use with patients in the following situations:
- i. BLS treatment has been rendered and the patient has stabilized and/or no further order or direction is required.
- ii. ALS standing orders have been implemented by a Paramedic and the patient has stabilized and/or no further order or direction is required.
- 4. Base Hospital/ALS Consultation Report:
- a. Report format used when:
- i. A patient's medical condition requires that the paramedic seek medical direction or advice from the base physician or MICN.
- ii. A patient is refusing treatment or transport against medical advice (AMA) after a patient has already received a BLS (e.g. oral glucose) or ALS intervention (e.g. naloxone) or if in the opinion of the attending paramedic the patient has a medical condition requiring transport to a receiving hospital.
- iii. Assistance is needed with unusual patient presentation or to resolve disagreements between paramedics about patient treatment.
- b. This type of consultation report is directed to the base hospital regardless of patient's intended destination.
- c. The attending paramedic shall make this report personally unless prevented by the need to provide immediate patient care.
- d. If the patient destination is not the base hospital where the patient report was called, it is the responsibility of the base hospital to provide a patient report to the receiving hospital where the patient is being transported.
- VI. Report Format, EMS Policy No. 3411, ALS Radio Report Format.

Attachment C:

Initial MCI Report		Advisory Report to a			Base Hospital Report/ALS	
			Receiving Hospital		Consultation Report	
1.	Confirm or cancel the MCI Alert.	1.	Unit ID.	1.	Unit ID.	
2.	Location of incident.	2.	Name and level (EMT or	2.	Name and level (EMT or	
3.	Name of incident, e.g. Blackjack	1	paramedic) of person	-	paramedic) of person seeking	
144 Sept. 144	Incident.		making report.		orders.	
4.	MCI position title, e.g. Blackjack	3.	Trauma, MCI, STEMI or	3.	Request for	
	Medical Group Supervisor.		Stroke Alert, if indicated.		consultation/orders needed	
	Incident Type:	4.	Transport Code 2 or 3.		(State reason for calling)	
0.00	a. Trauma.		Patient age, gender,	4.	Trauma, MCI, STEMI or	
	b. Medical.	183841	weight(s).	100000	Stroke Alert, if indicated	
100	c. Hazmat.	6.	Chief complaint.	5.	Transport Code 2 or 3.	
	Approximate number of	7.	- 1000 CTC 1000 CC - 1000 CTC 1000 CLEFF CC 100 CLEFF CC	6.	Patient age, gender, weight.	
	patients.		Trauma Triage Criteria met	7.	Chief Complaint.	
	Estimated time triage will be		(if applicable).	8.	History of incident.	
0.000	complete.	9.	Pertinent medical history.	9.	Trauma Triage Criteria met (if	
	econd MCI Report		Pertinent medications.	1 19810	applicable).	
	Total number of patients and		Vital signs to include: blood		man • • persis transferred costs • man	
	their triage categories:		pressure, pulse, respirations,			
	a. Immediate		pulse oximetry.	10.	Patient Condition (e.g. stable,	
	1) Adult.	12.	Level of Consciousness		improving, worsening).	
	2) Pediatric.	71715	Treatment provided	11.	Vital Signs to include: blood	
l 1	b. Delayed.	3500000000	Patient response to		pressure, pulse, respirations,	
1	c. Minor.	1000114500	treatment.		pulse oximetry and Glasgow	
		15.	Estimated time of arrival to		Coma Scale (best eye, motor,	
1	Note: Patient transport should		receiving hospital		and verbal)	
	begin as soon as any	00	ŭ ,	12.	Interventions:	
	immediate patient(s) are ready				a. BLS Treatment rendered	
	for transport and destinations				and patient response.	
	are determined by Control				b. ALS Standing Orders	
	Facility or standing orders.				implemented and patient	
	,				response.	
1 [Don't delay transport of			13.	Primary survey (LOC, skin	
	mmediate patients waiting for				signs).	
	destinations for all patients.		2	14.	Secondary Physical Exam.	
	en de la composition			15.	Past medical history/PMD.	
				16.	Medications/allergies.	
				17.	Estimated time of arrival to	
					receiving hospital.	
THE ST			May Receive Prehospital			
May	y Receive Prehospital Report:		Report:	Ma	y Receive Prehospital Report:	
MIC	N or Base Physician ONLY!		Any Receiving Hospital Medical Personnel	MI	CN or Base Physician ONLY!	

Attachment D:

PURPOSE:

The purpose of this policy is to establish the minimum data and report requirements for designated Primary Stroke Centers (PSC).

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.67, 1797.88, 1797.220, 1798, and 1798.170; California Code of Regulations, Title 22, Chapter 7.2

DEFINITIONS:

- A. "Advanced Life Support (ALS)" means special services designed to provide definitive prehospital emergency medical care as described in Health and Safety Code, Division 2.5, Section 1797.52.
- B. "Primary Stroke Center" (PSC) means a receiving hospital that has met the standards of the Center for Medicaid and Medicare Services (CMS); is accredited as a Primary Stroke Center by The Joint Commission, and has been designated as a PCS by SJCEMSA.
- C. "Door to Needle" means the time interval as measured from the time the patient arrives at the hospital emergency department until initiation of fibrinolytic therapy.

POLICY:

- I. Monthly Data Submission Requirements.
- A. For each patient transported to the PSC by ambulance who have a stroke documented on the prehospital patient assessment, collect data on a form provided by the EMS Agency that at a minimum includes:
- Hospital Arrival Date.
- Prehospital Incident Number.
- Hospital Record Number.
- 4. Patient date of birth.
- Patient Age.
- Patient Gender.
- Admitting Diagnosis.
- 8. Final Diagnosis Related to Stroke (Y/N).
- 9. Hospital Arrival Date.
- 10. Time Transfer of Care at Hospital.
- 11. If Patient Transferred to Another Hospital, Hospital Name.
- 12. Reason If Patient Transferred to Another Hospital.
- Discharge Date.
- Discharge Time (Door out time).
- 15. Discharge Disposition.
- Method of arrival (Ambulance, POV).
- 17. Incident Zip Code.
- 18. Time EMS on scene.
- Time EMS at patient's side.

- 20. Time EMS Unit Left Scene.
- 21. Time EMS Unit Arrives at PSC (Door-In).
- 22. EMS Prehospital Provider Name.
- 23. Last Known Well Time (per EMS).
- 24. LKWT by EMS Unknowable (Y/N).
- 25. First Known Sick Time (time of discovery of stroke symptoms).
- 26. Blood Glucose Level.
- 27. Blood Glucose Level Not Determined (Y/N).
- Blood Glucose Value.
- 29. Blood Pressure Systolic.
- 30. Blood Pressure Diastolic.
- 31. Time stroke alert called to PSC.
- 32. Suspected Stroke by EMS (Y/N).
- 33. Stroke Screen Tool Used by EMS.
- 34. Outcome of Stroke Screen by EMS.
- 35. Stroke Severity Scale Used by EMS (Y/N).
- 36. Stroke Severity Scale Score.
- 37. Stroke Severity Score Not Determined (Y/N).
- 38. Time stroke alert called at PSC (Stroke Team Activation).
- 39. Time Brain Imaging Ordered.
- 40. Brain Imaging Initiated (Time patient at Computed Tomography (CT).
- 41. CT report interpretation time (Time CT Read).
- 42. Time of neurology consult.
- 43. Time PSC and Neurologist make Stroke Treatment Decision.
- 44. NIH stroke scale score on initial examination.
- 45. Patient Positive for LVO (Y/N).
- 46. Last known well time per hospital.
- IV-t-PA Initiated (TPA Administered).
- 48. Time of thrombolytic administration.
- II. Quarterly Aggregate Report Submission Requirements.
- A. Hospital-Based Reports:
- 1. Total time and number of episodes per year that computed tomography (CT) was not available.
- 2. Number of stroke alerts with:
- a. Patient deaths related to any interventions for stroke treatment.
- b. Patient complications related to any interventions for stroke treatment.

Attachment E:

PURPOSE:

The purpose of this policy is to establish requirements for receiving hospital designation as a Primary Stroke Center (PSC) in San Joaquin County.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.67, 1798, 1798.101, 1798.105 and 1798.170; California Code of Regulations, Title 22, Division 9, Chapter 7.1.

DEFINITIONS:

- A. "Clinical Stroke Team" means a team of healthcare professionals who provide care for the stroke patient and may include, but is not limited to: neurologists, neuro-interventionalists, neurosurgeons, anesthesiologists, emergency medicine physicians, registered nurses, advanced practice nurses, physician assistants, pharmacists, radiologic technologists.
- B. "Primary Stroke Center" (PSC) means a receiving hospital that has met the standards of the Center for Medicaid and Medicare Services (CMS), is accredited as a Primary Stroke Center by The Joint Commission, and has been designated as a PSC by the SJCEMSA.
- C. "Receiving Hospital" means a licensed acute care hospital, with a comprehensive or basic emergency permit, that is approved by the SJCEMSA to participate in the EMS system.
- D. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency.
- E. "Stroke" means a condition of impaired blood flow to a patient's brain resulting in brain dysfunction.
- F. "Stroke Call Roster" means a schedule of licensed health professionals available twenty-four (24) hours a day, seven (7) days a week for the care of stroke patients.
- G. "Stroke Program" means an organizational component of the hospital specializing in the care of stroke patients.
- H. "Stroke Program Manager" means a registered nurse or qualified individual designated by the hospital with the responsibility for monitoring and evaluating the care of stroke patients and the coordination of performance improvement and patient safety programs for the stroke center in conjunction with the stroke medical director.
- I. "Suspected Stroke Patient" means a potential acute stroke patient diagnosis based off an assessment from a prehospital personnel or member of a clinical stroke team.
- J. "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site.

POLICY:

I. Designation as a PSC is open to all receiving hospitals in San Joaquin that can meet criteria for designation. Interested receiving hospitals may apply for PSC designation by submitting a complete PSC application packet to the SJCEMSA. PSC application packets are available upon request.

- II. A receiving hospital requesting designation as a PSC shall apply to the SJCEMSA and follow the application process.
- III. Designation Criteria:
- A. Hold a special permit from the California Department of Public Health (CDPH) as an acute care facility providing Basic Emergency Medical Services.
- B. Enter into a written agreement with SJCEMSA identifying the roles and responsibilities of a PSC.
- C. Agree to accept all pre-hospital patients meeting acute stroke triage criteria and all acute stroke patients transferred from other non-PSC designated hospitals.
- D. Provide a plan for triage and treatment of multiple simultaneously presenting acute stroke patients.
- E. Meet PSC Designation Requirements as defined in the SJCEMSA PSC Designation Criteria Application and Evaluation Matrix. This criteria includes:
- Hospital Services including:
- a. Valid and current accreditation as a PSC by The Joint Commission.
- b. Written policies to assure reliable notification of prehospital personnel of CT inoperability consistent with SJCEMSA destination policy.
- Contingency plans in the event of disruption to CT services.
- d. Stroke diagnosis and treatment capacity twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five days per year including neuro-imaging services, and laboratory services.
- e. Acute care rehabilitation services.
- f. A permit from CDPH to provide neurosurgical. neurointerventional radiology services or accreditation as a Comprehensive Stroke Center from The Joint Commission.
- i. If the PSC has no neurosurgical / neurointerventional radiology capability, the PSC must have policies in place that ensure emergency transport of the patient to a facility capable of providing neurosurgical / neurointerventional radiologist services within two (2) hours of decision to transfer to a higher level of care.
- ii. If the PSC has no neurosurgical / neurointerventional radiology capability, the PSC must have a written transfer agreement with one or more hospitals with a permit from CDPH to provide neurosurgical / neurointerventional radiology services or accreditation as a Comprehensive Stroke Center from The Joint Commission.
- 2. Hospital Personnel including:
- a. A Stroke Medical Director who is a board-certified neurologist, neurosurgeon, interventional neuro-radiologist, or emergency physician who is board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, or other board-certified physician with sufficient experience and expertise in managing patients with acute cerebral vascular disease as determined by the hospital credentials committee.
- b. A PSC Registered Nurse (RN) Program Manager with the following responsibilities:
- i. Supports Stroke Medical Director Functions.
- ii. Acts as the EMS Stroke Program Liaison.
- iii. Assures EMS Facility Stroke data sharing.
- iv. Manages EMS Facility Stroke QI activities.
- v. Authority and accountability for Stroke QI.
- vi. Facilitates timely feedback to the EMS providers.
- c. A clinical stroke team, available in person or via telehealth for assessment and treatment of a patient identified as a potential acute stroke patient within 15 minutes following

the patient's arrival at the hospital's emergency department or within 15 minutes following a diagnosis of a patient's potential acute stroke.

- d. At a minimum the clinical stroke team shall consist of:
- i. A neurologist, neurosurgeon, interventional neuro-radiologist who is board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology with sufficient experience and expertise in managing patients with acute cerebral vascular disease as determined by the hospital credentials committee. When telehealth is being used the clinical stroke team shall include an attending physician assigned to the patient capable of managing care.
- ii. A registered nurse, physician assistant or nurse practitioner capable of caring for acute stroke patients.
- e. A designated PSC shall have an on-call policy and monthly published call schedule of board certified neurologists, neurosurgeons, or interventional neuro-radiologists serving on the clinical stroke team.
- Clinical Performance Capabilities:
- a. Adequate staff, equipment and training to perform rapid evaluation, triage and treatment in the Emergency Department (ED) of acute stroke patients, including timely evaluation of brain imaging.
- b. Standardized stroke care pathway.
- c. Quality assurance system supporting patient safety.
- 4. Clinical Performance Standards:
- a. A clinical stroke team, available to see in person or via telehealth, a suspected stroke patient within 15 minutes.
- b. CT scanning or equivalent neuro-imaging shall be initiated within twenty-five (25) minutes for suspected stroke patients.
- c. Neuro-imaging studies shall be reviewed within forty five (45) minutes for suspected stroke patients by a physician with appropriate expertise.
- d. Other imaging shall be available within a clinically appropriate timeframe and shall at a minimum, include:
- Magnetic Resonance Imaging (MRI).
- ii. CTA and/or Magnetic resonance angiography (MRA)
- iii. Trans Esophageal Endoscopy or Trans Tracheal Endoscopy.
- e. If teleradiology is used in image interpretation, all staffing and staff qualification shall remain in effect and be documented by the hospital.
- f. Laboratory services must be capable of being performed within forty-five (45) minutes following arrival of suspected acute stroke patients at the emergency department.
- 5. Performance Improvement:
- a. Systematic Prehospital Review Program
- i. Written QI plan or program description for EMS transported stroke patients supporting:
- Timely prehospital feedback.
- Prehospital provider education
- Cooperative Stroke System QI data management.
- ii. Participation in prehospital stroke education.
- iii. Participation in community stroke prevention activities and educational outreach.
- 6. Data Collection, Submission and Reporting:
- a. Enrollment and participation in the California Stroke Registry / California Coverdell Program (CSR/CCP).

- b. Participation in SJCEMSA Stroke Data Collection to include:
- i. Monthly submission of Stroke System QI Committee Data Reports.
- ii. Individual patient outcome data upon request.
- iii. Health Information Exchange (HIE).
- Communications:
- a. Have and agree to utilize and maintain two-way telecommunications equipment, as specified by the San Joaquin County EMS Agency, capable of direct two-way voice communications with prehospital emergency medical care personnel in the San Joaquin County EMS system.
- b. Have and agree to utilize and maintain a dedicated telephone line in the emergency department for communications with prehospital emergency medical care personnel.
- c. Have and agree to utilize EMResource™ on a dedicated computer in the emergency department for reporting facility status and participating in receiving patients from multicasualty incidents (MCIs).
- d. Agree to digitally record and provide the SJCEMSA with remote access to all radio and telephone medical control communications, maintain such recordings for a time period specified by the SJCEMSA, and use such recordings exclusively for EMS CQI activities.

IV. Designation Process:

- A. Interested receiving hospitals shall submit a complete application packet and application fee to the SJCEMSA. The hospital shall submit as part of its application copies of all hospital policies and procedures related to the provisions of stroke services.
- B. The SJCEMSA shall review the PSC application and arrange a site survey to evaluate the applicant's PSC program.
- C. The SJCEMSA shall notify applicants of compliance with SRC designation criteria no later 60 days following the site survey. SJCEMSA will offer applicants meeting criteria an opportunity to enter into a written agreement designating their hospital as PSC for a period up to 3 years. SJCEMSA will provide applicants not meeting criteria with a written summary of deficiencies.
- D. Designation is contingent upon payment of the annual PSC designation and monitoring fee. Failure to pay the designation and monitoring fee shall result in the automatic suspension of PSC designation.
- E. SJCEMSA may deny, suspend, or revoke the designation of a PSC for failure to maintain compliance with designation criteria or the failure of the receiving hospital to comply with any of the SJCEMSA policies, procedures, or protocols.



San Joaquin County

Emergency Medical Services Agency

http://www.sjgov.org/ems

Mailing Address PO Box 220 French Camp, CA 95231

Health Care Services Complex Benton Hall 500 W. Hospital Rd. French Camp, CA 95231

> Phone Number (209) 468-6818

ADDENDUM C – Trauma Critical Care System Plan (2021 Update)

2021 Trauma System Plan Update

September 21, 2021 Amada Petroske, MSN, RN, EMS Trauma Coordinator

Summary:

On August 26, 2021, a survey team form the American College of Surgeons (ACS) Committee on Trauma (COT) conducted a level II trauma center verification visit of San Joaquin General Hospital (SJGH). ACS-COT notified SJGH of successfully passing the verification process, with one area to correct within the year to ensure continuous verification for three years as a level II trauma center.

Revisions to the Trauma System Policies:

On June 1, 2020, SJCEMSA revised EMS Policy No. 5700, <u>Advanced Life Support Treatment Protocols</u>. Specifically, the Traumatic Arrest Protocol, ATRA-02 for adults, will move the patient transport considerations from ten (10) minutes to twenty (20) minutes in the hope of saving lives. In January 2021 review of traumatic arrest protocol showed discrepancies in operations of patient management, changes were put in place to ensure the time of arrest was factored into the decision to transport with the travel time to the closest trauma center.

Number and Designation Level Trauma Centers:

San Joaquin County has one (1) level II trauma center, San Joaquin General Hospital located at 500 West Hospital Road in French Camp, CA 95231.

Trauma System Goals and Objectives:

2021-22 goals and objectives include: 1.) Analyzing data received from the level II trauma center to produce periodic and annual trauma reports and participate in CEMSIS trauma data submissions. 2.) Continue to assess and monitor the San Joaquin County EMS Trauma System for opportunities for improvement.

System Performance Improvement:

SJGH trauma services has an active Performance Improvement and Patient Safety Program (PIPS) with 3rd level of review. SJCEMSA maintains an active Trauma Audit Committee chaired by a practicing trauma surgeon from the level I trauma center at the UC Davis Medical Center. SJCEMSA TAC provides a fourth level of case review with participation of service provider physician directors and surgeons.

Addendum D

SAN JOAQUIN COUNTY EMERGENCY MEDICAL SERVICES AGENCY

Continuous Quality Improvement Plan



October 18, 2021

This plan was prepared for the California Emergency Medical Services Authority

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INTRODUCTION

The San Joaquin County EMS Agency (SJCEMSA) is responsible for the regulatory oversight of all Emergency Medical Services in San Joaquin County. In part, that oversight is accomplished through the SJCEMSA's Continuous Quality Improvement (CQI) program. The goal of the San Joaquin County Emergency Medical Services Continuous Quality Improvement Plan is to outline the process utilized for evaluating and improving the quality of prehospital care in San Joaquin County and ensure that the delivery of emergency medical services is consistent with the SJCEMSA's mission, vision, and values.

Mission

The San Joaquin County EMS Agency's mission is to ensure the efficient and effective delivery of emergency medical services and disaster response for the citizens and visitors of San Joaquin County.

Vision

- □ To be recognized leaders in the EMS industry
- □ Ensure measurable, high quality care
- ☐ Have public/private partner integration
- ☐ Be models for government efficiency
- Have a seamless state of preparedness
- Ensure excellence in academic education

Values

Corevalues of the San Joaquin County Emergency Medical Services Agency include:

. Leadership . Accountability HighQuality . Guidance

San Joaquin County EMS CQI Plan Purpose

The to establish a system wide process for evaluating a purpose of the EMS

Continuous Quality Improvement plan is and improving the quality of prehospital

care in San Joaquin County.

The San Joaquin County EMS Agency CQI program employs a vertically integrated process, which incorporates all stakeholders within the EMS system. The SJCEMSA in collaboration with the local prehospital provider agencies and community healthcare stakeholders develops and implements CQI activities. Reports of activities are required based on the frequency of monitoring identified and established by the SJCEMSA (See Appendix A, EMS Policy No. 6620 Continuous Quality Improvement Process).

At the core of the San Joaquin County EMS CQI program is the EMS CQI Council, a multidisciplinary group consisting of nurses, paramedics, provider agency representatives, and SJCEMSA personnel. The CQI Council is responsible for reviewing monthly, quarterly and annual system data, which may include individual cases requiring peer review. The goal of this collaborative review process is to monitor performance, identify positive and negative trends, and seek solutions for system issues. In order to promote frank dialogue and an open reporting culture the proceedings of the CQI Council meetings are confidential. When it is deemed appropriate, aggregate data and system-wide reports may be released publicly for community analysis. See Appendix B, EMS Policy No. 6630, Continuous Quality Improvement Council for a description of the CQI Council roles and responsibilities.

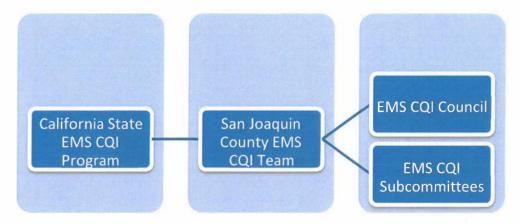
The San Joaquin County EMS Agency's CQI Plan has been written in accordance with the Emergency Medical Services System Quality Improvement Program Model Guidelines (Rev. 3/04). Included in the plan is a description of SJCEMSA responsibilities, provider agency responsibilities, references to program related policies.

SECTION I STRUCTURE AND ORGANIZATIONAL DESCRIPTION

San Joaquin County EMS Agency CQI Team (CQI Team)

The CQI team provides overall system leadership for the EMS CQI program. The CQI team includes, but is not limited to, the following representatives:

- 1. EMS Medical Director
- 2. EMS Administrator
- 3. EMS Quality Improvement Coordinator
- 4. Critical Care Coordinator
- 5. EMS Trauma Coordinator
- 6. EMS Analyst



Responsibilities of the CQI Team are detailed in EMS Policy No. 6620, <u>Continuous Quality Improvement Process</u> and include:

- Cooperate with the State of California Emergency Medical Services
 Authority (EMSA) in carrying out the responsibilities of the statewide EMS
 CQI Program and participation in the EMSA Technical Advisory Group, if
 requested.
- Participate in the development, approval, and implementation of state required and optional EMS system indicators.
- Provide leadership and technical assistance for organizations participating in the San Joaquin County EMS System CQI Program.
- Facilitate regular CQI Council meetings.
- Provide initial and ongoing EMS CQI Program training and in-service education for EMS personnel.
- Review and approve CQI Plans submitted by San Joaquin County EMS System providers and the designated base hospital.
- Seek and maintain relationships with all EMS participants including but not limited to the following entities, as appropriate for CQI activity:
 - State EMSA
 - Other Local EMS Agencies (LEMSAs)
 - EMS Service Providers
 - Local Department of Public Health
 - Specialty Care Centers
 - Law Enforcement

- Public Safety Answering Points (PSAPs)
- EMS Dispatch Center(s)
- Constituent Stakeholder Groups

San Joaquin County EMS System CQI Council

The CQI Council serves in an advisory role for the San Joaquin County EMS CQI program.

CQI Council responsibilities include:

- · Review/Monitor Data from EMS System;
- Select quality indicators, items for review and monitoring, create action plans, and monitor performance (i.e., scene time, patient satisfaction, workforce satisfaction, protocol compliance, and outcome data);
- After review by SJCEMSA, serve as a forum to discuss issues/concerns brought to the attention of the SJCEMSA by internal and external customers;
- Propose, review, and participate in EMS research (See Appendix C, EMS Policy No. 6680, <u>Research Studies</u>);
- Promote CQI training throughout the EMS System;
- Policy/Protocol Review Selected policies reviewed with pre notification sent out to allow participant feedback. Initial review by SJCEMSA personnel and proposed revisions discussed at CQI Council;
- Provide recommendations for EMS personnel training.

The CQI Council meets monthly and membership consists of the following quality improvement liaison personnel:

- EMS Medical Director
- EMS Quality Improvement Coordinator
- EMS Analyst
- EMS Trauma Coordinator
- Base Hospital Medical Director
- · Base Hospital Liaison Nurse
- Receiving Hospital Liaison (chosen by the receiving hospital nurse liaisons)

- One representative from each of the authorized advanced life support (ALS) emergency ambulance providers and first response agencies operating in San Joaquin County
- · Receiving Hospital Physician Liaisons
- · Receiving Hospital Nurse Liaisons

Responsibilities of the CQI Council membership include:

- Regular attendance at CQI Council meetings. All members are required to have an alternate designated to represent them at meetings if they are unable to attend.
- · Prepare and follow-up as appropriate for meetings.
- Participate in CQI Council discussions in a candid and professional manner.
- Promote collaborative sharing of information and the identification of opportunities for improvement by ensuring confidentiality of CQI Council discussions and peer review process.
- Maintain responsibility for monitoring and evaluating organizational quality indicators.
- Maintain responsibility for collecting data and reporting on organizational quality indicators.
- Participate in the development and selection of San Joaquin County EMS system quality improvement indicators.
- · Participate on subcommittees as needed.

The EMS Medical Director or CQI Coordinator may approve the attendance of guests during regular or ad hoc meetings of the CQI Council. Occasionally ad hoc CQI meetings are scheduled with specific providers to address unusual occurrences, incidents, or performance issues. Prior to attending any CQI meeting, participants must sign an Acknowledgement of CQI Confidentiality form (See Appendix D).

CQI Program Philosophy and Goals

Based on EMS community collaboration and a shared commitment to excellence, CQI reveals potential areas for improvement of the EMS System, identifies training opportunities, highlights outstanding clinical performance, audits compliance with treatment protocols, and reviews specific illnesses or injuries along with their associated treatments. These efforts contribute to the continued success of our emergency medical services through a systematic process of review, analysis and improvement.

The goal of the San Joaquin County Emergency Medical Services Continuous Quality Improvement (CQI) program is to establish a system wide process for evaluating and

improving the quality of prehospital care in San Joaquin County to ensure that the SJCEMSA mission is achieved.

San Joaquin County EMS Agency and the CQI Council have embraced the Baldrige Health Care Criteria for Performance Excellence as the framework for CQI program management. The requirements of the Health Care Criteria for Performance Excellence are embodied in seven Categories, as follows:

- Leadership
- Strategic Planning
- Customer Focus
- · Measurement, Analysis, and Knowledge Management
- Workforce Focus
- Process Management
- Results

A description of core values and concepts associated with this framework for performance management and continuous quality improvement is provided in Appendix F.

SECTION II CURRENT STATUS

Personnel

SJCEMSA has several policies related to the initial accreditation, and re-accreditation of EMT, paramedic, MICN, and Emergency Medical Dispatch personnel in San Joaquin County. As part of the accreditation and reaccreditation process EMTs, paramedics, and MICNs are tested to assess their mastery of SJCEMS policies and procedures. Prospective methods used to assist in meeting this goal include:

- 1. Completion of a 4-hour EMS policy and skills review class (and pass a written exam) every two years as part of paramedic and MICN reaccreditation; and,
- Quarterly training by ALS providers that targets key policies and skills determined by each provider agency's QI program and reported to the SJCEMSA. Retrospective methods used to assist in meeting this goal include:
 - Investigations conducted by SJCEMSA staff in response to receipt of Sentinel Event or Unusual Occurrence Reports submitted by prehospital for hospital personnel.

Equipment and Supplies

SJCEMSA has developed minimum inventory and supply requirements for the different identified EMS resources deployed throughout the County's EMS System. These

inventory lists are in EMS Policy No. 4101 EMS Vehicle Medication and Equipment, and EMS Policy No. 4200 Management of Controlled Substances.

Documentation

The requirement that all Emergency Medical Responder agencies and ambulance companies must utilized NEMSIS 3.4 compliant patient care reports is incorporated into all written agreements between those agencies and the SJCEMSA.

Clinical Care and Patient Outcome

Clinical care in San Joaquin County is guided prospectively by treatment protocols. The development of treatment protocols is led by the SJCEMSA Medical Director, SJCEMSA staff, and the CQI Council, a group made up of SJCEMSA personnel and ALS and base hospital personnel. The process for changing and developing treatment protocols includes a 45-day public comment period wherein SJCEMSA discusses all suggestions and comments, drafts a formal reply to each comment, makes any necessary changes to the protocols, and shares the final draft protocols with the EMS Liaison Committee. The finalized new or updated protocols are added to the SJCEMSA website and a memo summarizing the changes is sent to all prehospital providers. SJCEMSA staffs also provide train-the-trainer classes for prehospital provider trainers to ensure all prehospital personnel become familiar with new or updated protocols.

Clinical care is managed retrospectively through several different QI meetings: The Trauma Audit Committee (TAC); the Continuous Quality Improvement Council (CQI Council); quarterly Multidisciplinary QI Stroke Committee, the quarterly Multidisciplinary STEMI Committee, and two STEMI Receiving Center QI Committees.

Skills Maintenance/Competency

SJCEMSA requires skills verification either quarterly or annually based upon requirements set forth in SJCEMSA Policy No. 2011 <u>Skills Competency Verification Process</u> (for EMRs and EMTs); Policy No. 2540B <u>Paramedic Competency Verification Form</u>, and Policy No. 2541 <u>Paramedic Infrequently Used Skills</u>.

Transportation/Facilities

San Joaquin County has seven hospitals, of which one is a Base Hospital and Level II Trauma Center, seven are designated primary stroke centers, and two are STEMI Receiving Centers. Additionally, SJCEMSA has included two additional STEMI Receiving Centers in neighboring counties so that these specialty patients are able to seamlessly cross county lines to go to the closest specialty receiving center. SJCEMSA

staffs play an active role in addressing QI issues pertaining to SRCs, the Level II Trauma Center, stroke centers and receiving facilities.

Depending upon the need or location in the County, 9-1-1 callers may receive an ALS Emergency Medical Responder (EMR) or BLS EMR plus an ALS ambulance in response to their medical emergency. ALS EMRs respond to the greater Stockton area, the greater Tracy area, and the greater Ripon area. Emergency ambulance services are provided by AMR, Ripon Fire Protection District, Escalon Community Ambulance, and Manteca District Ambulance in their respective ambulance exclusive operating areas. NorCal Ambulance, Citizen's Medical Response and Protransport-1 also provide BLS interfacility ambulance transfer services. Two helicopter services are permitted by SJCEMSA, serving both scene and hospital interfacility transports. Wheelchair transport providers are not regulated by the SJCEMSA.

Public Education and Prevention

SJCEMSA relies heavily on the prehospital ALS providers and hospitals to provide public education. Typical activities focus on "hands-only" CPR, use of AEDs, the proper use of the 9-1-1 system, and the "Every 15 Minutes" program which is designed to discourage drinking and driving in the high school population.

Risk Management

SJCEMSA fully investigates all complaints related to patient care, communications, and scene management received through written Unusual Occurrence Reports and Sentinel Event Reports. These incident reviews are tracked and recorded. All incident reviews are protected from disclosure by the California Evidence Code 1157 and 1157.7.

EMS Authority Core Measures

SJCEMSA provides the California EMS Authority with data for the Core Measures Project on a yearly basis.

SECTION III DATA COLLECTION AND REPORTING

San Joaquin County EMS Agency collects performance indicator data monthly and quarterly. The reports are submitted to the EMS CQI Coordinator or EMS Analyst for review and analysis. The following categories are included in the data collection and reporting process:

Specific performance indicators are selected on an annual basis by the SJCEMSA CQI Team in collaboration with the CQI Council. A description of the 2019 performance indicators including the sources utilized for data collection is provided in Appendix E. Ad

hoc indicators may be added during the calendar year based upon trend analysis or opportunities for improvement that present through the incident and sentinel event reporting process. Copies of the sentinel event and issue resolution reporting policies are included with this plan in Appendix H and I.

The 2019 list of key performance indicators (KPIs) collected by each ALS transport and ALS non-transport EMS provider focuses on measuring the frequency and success of select patient care skills. In response to input from key personnel from each ALS EMS provider, new KPIs have been added to be included in the 2020 CQI Work Plans. In 2019, the KPI list was largely, quarterly submission of statistics and rates. The additional KPIs for 2020 are less about the report of rates and more about reporting on what was done by the ALS transport and ALS non-transport EMS providers with those statistics and rates.

The additional KPIs for 2020 focus largely on narcotics usage, documentation assessment, against medical advice call review, training type, and CES activity.

Current 2019 KPI list	Additional KPIs for 2020
 Advanced Airway Skills a. OTI success rate b. Use of ETTI c. Identifying Cormack-Lehan grades d. Appropriate use of supraglottic airways e. Use of End title CO2 Quarterly skills maintenance Documentation of stroke activation 12 lead on ROSC patients STEMI Hemostatic dressing use 	 Narcotics usage a. Correct usage b. Correct dose Documentation a. Impression matches PCR b. Drug dose c. PCR reviews statistics Against Medical Advice calls a. Number of AMA's b. Number of AMA's reviewed Training performed by topic and hour a. Cardiac b. Respiratory c. Trauma d. Pediatric e. Pharmacology f. Miscellaneous medical CES Activity a. Number of investigations b. Number of coaching's c. Number of performance improvement plans initiated

Narcotics usage

The most effective way to determine appropriate use and if necessary make system changes is to bring to the forefront of our minds, the actual pre hospital narcotics usage rate in San Joaquin County. Additionally, the focus will be on if narcotics are used according to policy with regards to the correct patient situation as well as the correct dose. With that KPI available on a quarterly basis as confirmation of adhesion to currently policy, it can be used in conjunction with current medical studies on narcotics usage, to provide a frame work to make an objective assessment of current treatment policy in San Joaquin County.

Documentation

Each ALS non-transport EMS provider ambulance service will report on their PCR review process method, and the number of PCRs reviewed. These reviews will determine whether the prehospital Primary Impressions and care provided align, whether the correct medication and dose was provided and whether the documentation matches the PCR documentation rubric used by that ALS prehospital provider.

Training performed by topic and hour

In 2020 not only will ambulance companies and ALS fire departments be submitting quarterly EMS education and training hours, those hours will be categorized into six (6) different KPIs:

- 1. Cardiac
- Respiratory
- 3. Trauma
- 4. Pediatric
- 5. Pharmacology
- 6. Miscellaneous medical

This requirement does not mandate what type of training is conducted at each ALS service provider, since each have different EMS training needs. The goal of this KPI set is to assist the SJCEMSA Medical Director to determine whether current training efforts may need to be modified to stay current with the most recent medicine.

CES Activity

With an emphasis on education ambulance service providers and ALS fire departments will be required to report on activities in their respective CES departments pertaining to the number and outcomes of performance reviews, gap identification, and gap closure. By counting the number of investigations, number of coaching's or one to one training,

and number of performance improvement plans initiated as a KPI set, the activity of each ALS provider CES activity can be evaluated.

All system providers are required to utilize the standard forms or templates provided by the San Joaquin County EMS Agency for submitting their monthly and quarterly reports. Examples of reporting forms and templates are included in Appendices J, and K. Additionally, San Joaquin County EMS Agency requires EMS providers to utilize standardized computer aided dispatch and patient care record data fields.

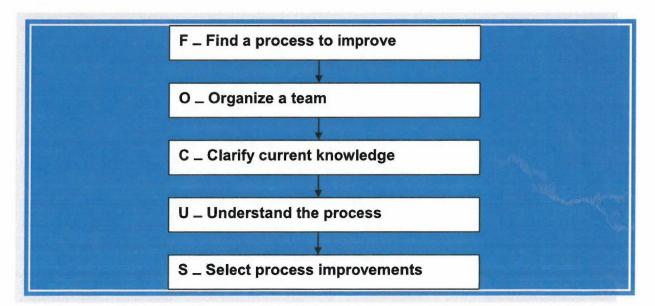
SECTION IV EVALUATION OF INDICATORS

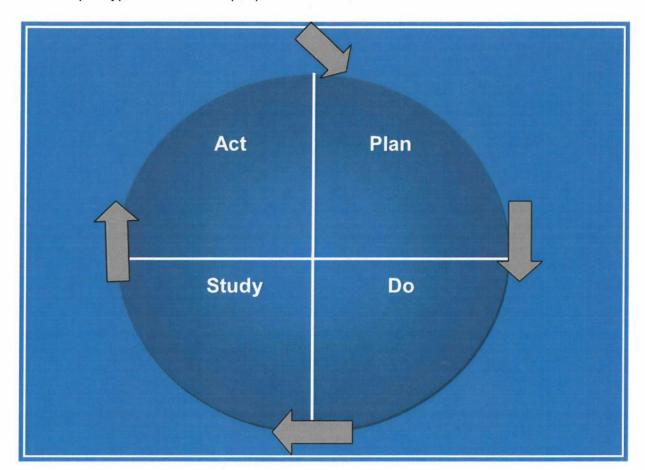
The EMS Quality Improvement Coordinator in collaboration with the EMS CQI Team analyzes performance indicator data on a monthly basis and when appropriate prepares a report for the CQI Council. Monthly and quarterly data may be reported in chart or report form depending on the type of data being reviewed.

The CQI Council reviews individual and aggregate data on a monthly basis and provides recommendations for continuing, modifying, or closing CQI projects, and/or performance indicators.

SECTION V ACTION TO IMPROVE

Continuous quality improvement projects are conducted utilizing the FOCUS-PDSA model as a guide for identifying and addressing opportunities for improvement. Based upon reports submitted to the SJCEMSA or trends identified in the CQI review process the CQI Council or EMS QI Team utilizes the FOCUS model to select new CQI indicators or projects.





After a CQI project is identified Deming's PDSA cycle is used to plan, implement (do), evaluate (study), and intervene (act).

SECTION VI TRAINING AND EDUCATION

Training and education are critical components that need to be addressed once the decision to take action or to solve a problem has occurred. Specific education needs are identified at monthly CQI Council and CQI team meetings. In response, the SJCEMSA promotes and hosts or co-hosts various training opportunities and educational offerings countywide. In addition, mandatory trainings designed to ensure that the addition of new skills and changes to EMS policies and equipment reach individual providers at every level are developed and presented by SJCEMSA staff. Such trainings usually include Train-the-Trainer classes to maximize outreach to all system participants.

When the outcome of a performance improvement plan (work plan) indicates the need to modify SJCEMSA policies, the SJCEMSA EMS Specialist, who is responsible for educational oversight and maintenance of the Policy and Procedure Manual, makes appropriate changes. Implementation of those changes takes place twice each year. This

process includes presenting proposed policy changes at the San Joaquin County EMS Liaison meeting for discussion. The amended or new policy is also posted on the SJCEMSA's website at www.sigov.org/ems for a 45 day public comment period. Final changes to the policy are made based on public comments received. The new or improved policy is then implemented. If additional training is required of system participants, time is allotted for that training prior to the implementation of the policy as described above using a train-the-trainer approach.

The EMS Specialist responsible for educational oversight ensures that providers submit documentation that all training requirements have been met by all EMS system participants annually and on an as-needed basis. This is accomplished via training memos, training program development, or by train-the-trainer programs. Providers are ultimately responsible for ensuring that staff is adequately trained. The rosters and records of training are required to be available to the SJCEMSA upon request.

SECTION VII CQI PLAN ANNUAL UPDATE

The CQI plan summarizes the progress in reaching the goals stated in the previous years' CQI Work Plan. The CQI Coordinator works in conjunction with the EMS Administrator responsible for updating the EMS Plan to ensure that both the CQI Plan and the EMS Plan are focusing on the same objectives. The SJCEMSA EMS Analyst works with the SJCEMSA Administrator to update the EMS Plan, in alignment with current EMS strategic goals. Included in EMS Plan is the CQI plan, which provides an overview of the results of the previous year's work plan and sets for the work plan for the coming year. Relevant findings from this review and update of the CQI Plan and the EMS Plan are presented to the CQI Team and CQI Council for review and comment. The CQI Coordinator, the CQI Council, and the CQI Team offer recommendations for changes needed in the CQI plan for the coming year, including priority improvement goals/objectives, indicators monitored, improvement plans, how well goals/objectives were met, and whether follow-up is needed.

A CQI Plan update will be submitted to the State EMS Authority every year. The next submission date is 2021.

APPENDICES

Appendix A EMS Policy No. 6620 CQI Process

PURPOSE:

The purpose of this policy is to establish a system wide Continuous Quality Improvement (CQI) Program to promote, enhance, and ensure the quality of prehospital emergency medical care in San Joaquin County.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220; California Code of Regulations, Title 22, Division 9, Chapter 12.

<u>POLICY:</u> In compliance with state regulations, the San Joaquin County EMS Agency (SJCEMSA) and all system participants shall implement a Continuous Quality Improvement (CQI) Program and shall participate in system-wide CQI activities.

- I. The SJCEMSA will establish and facilitate a system-wide Continuous Quality Improvement Program to monitor, review, evaluate, and improve the delivery of prehospital care services. The program will involve all system participants and will include, but not be limited by the following activities:
 - A. Prospective: designed to prevent prospective problems. The SJCEMSA strives to provide training and policy guidance to prevent potential problems with prehospital care delivery.
 - B. Concurrent: designed to identify problems or potential problems during patient care. SJCEMSA considers direct medical oversight to be an important element of the CQI process.
 - C. Retrospective: The SJCEMSA utilizes retrospective review to identify potential or known problems and prevent their reoccurrence.
 - D. Reporting/Feedback: all CQI activities will be reported to the SJCEMSA. Because of CQI activities, changes in system design may be made.
- II. Each Provider Agency will submit a written Quality Improvement Plan to the SJCEMSA for approval.
 - A. Each written plan shall include, at a minimum, the following components:
 - 1. Statement of CQI program goals and objectives.
 - 2. A description of how CQI is integrated into the organization.
 - 3. Description of how the CQI program is aligned with the San Joaquin County EMS system CQI plan.

- Description of the process or methodology used in conducting CQI activities including how CQI activities are documented and reported to the SJCEMSA.
- 5. Identification of important aspects of service delivery and performance standards/indicators related to those identified focus areas.
- 6. A description of how the provider will collect, analyze, and report data related to identified performance indicators.
- 7. A summary of how opportunities for improvement are identified including threshold evaluation.
- 8. Process utilized for improving practices based upon CQI activities.
- 9. CQI committee participation and reporting structure.
- III. Each Provider Agency will conduct an annual review of the CQI program and submit any changes to the SJCEMSA for approval.
- IV. The SJCEMSA will evaluate the implementation of each Provider's CQI plan biannually and request revisions as needed.
- V. Quality Improvement Responsibilities General Guidelines
 - A. SJCEMSA Responsibilities
 - 1. Prospective
 - Comply with all pertinent of Federal, State and County rules, regulations, laws and codes that are applicable to SJCEMSA.
 - b. Certify and/or authorize first responders, EMT-Is, EMT-IIs, paramedic, and MICNs to practice in San Joaquin County.
 - c. Coordinate prehospital quality improvement committees.
 - Develop and assist CQI program participants in the development of performance standards and indicators.
 - e. Implement basic, limited advanced life support, and advanced life support systems.
 - f. Approve and monitor prehospital training programs.
 - g. Certify/authorize prehospital personnel.
 - h. Establish policies and procedures to assure medical control, which may include dispatch, basic life support, advanced life support, patient destination, patient care guidelines and quality improvement requirements.
 - i. Facilitate system wide compliance and implementation of required quality improvement plans.
 - 2. Concurrent

- a. Serve as a resource for CQI program participants.
- b. Conduct analysis of data received from system participants.
- c. Conduct site visits to monitor and evaluate system components.
- d. Participate in direct medical oversight activities including direct field observation.
- e. Communicate CQI activities and findings to system participants.
- f. Provide on call availability for unusual occurrences, including, but not limited to:
 - i. Multicasualty Incidents (MCI) ii. Ambulance Diversion iii. "Parking" of ambulance patients in receiving hospitals.

3. Retrospective

- Evaluate the process developed by system participants for retrospective analysis of prehospital care.
- b. Evaluate identified trends in the quality of prehospital care delivered in the system.
- c. Monitor and evaluate the unusual occurrence review process.
- d. Take appropriate action with first responder, BLS providers, ALS providers, receiving hospitals, base hospitals and medical dispatch centers that do not meet established thresholds for service quality.

Reporting/Feedback

- a. Evaluate submitted reports from system participants and make changes in system design as necessary.
- b. Provide feedback to system participants when applicable or when requested on Quality Improvement issues.
- c. Design prehospital research and efficacy studies regarding prehospital care including but not limited to medication administration, treatment and interventions, equipment, prehospital personnel skill performance, and patient care outcomes.
- Update policies and procedures to reflect best practices in prehospital care based upon reliable, current research based evidence.
- e. Recognize and reinforce exemplary performance by prehospital care providers.

B. Dispatch Responsibilities

1. Prospective

- a. Participate on quality improvement committees as specified by the SJCEMSA
- b. Provide education for dispatch personnel to include:
 - i. Orientation to EMS system
 - ii. Continuing education activities to further the knowledge of the dispatcher including tape review, discussion of specific calls, and educational programs based upon trend analysis. iii. Establish procedures for updating personnel when there are system changes.
- c. Develop criteria for evaluation of individual Emergency Medical Dispatchers (EMD).
- d. Ensure that all EMD personnel acquire initial certification and maintain recertification.

2. Concurrent

- a. Establish procedures for evaluating EMD performance through direct observation/supervision.
- 3. Retrospective
 - a. Develop a process for retrospective analysis of dispatched calls, utilizing audio tape and dispatcher report forms.
 - Develop performance standards for evaluating the quality of services provided by EMD personnel utilizing retrospective analysis.
 - c. Comply with reporting and other quality improvements requirements as specified by the SJCEMSA.
 - d. Participate in prehospital research and efficacy studies as requested by the SJCEMSA and/or the Quality Improvement Committee.
- 4. Reporting/Feedback
 - Develop a process for identifying trends in quality of dispatch services and report findings to the SJCEMSA as requested.

C. BLS Provider Responsibilities

- 1. Prospective
 - a. Participation on CQI committees as requested by the SJCEMSA.
 - b. Education
 - Provide employee orientation to the EMS System. ii.
 Provide employee orientation to the provider agency.
 - iii. Participation in continuing education opportunities.
 - c. Performance Evaluation
 - i. Peer Review

- ii. Initial evaluation of new employees and ongoing routine evaluation of established employee performance. iii. Develop corrective actions plans for individual deficiencies
- iv. Certification Establish policies and procedures for initial employee certification, re-certification, and other training as required by the SJCEMSA.

2. Concurrent

- Establish a procedure for the evaluation of prehospital care employees utilizing direct observation of performance standards.
- b. Appoint a quality improvement liaison who is available to consult with the SJCEMSA as requested.

3. Retrospective

- Develop performance standards for evaluating the quality of care provided by prehospital personnel through retrospective analysis.
- b. Comply with reporting and other quality improvement activities as specified by the SJCEMSA.
- Participate in prehospital research as requested by the SJCEMSA.

4. Reporting/Feedback

- a. Submit reports as specified by the SJCEMSA.
- b. Develop and participate in educational programs based on problem identification and trend analysis.
- c. Make changes to internal policies and procedures as needed based upon quality improvement activities.

D. ALS Provider Responsibilities

1. Prospective

a. Participate on CQI committees as requested by the SJCEMSA.

b. Education

- i. Provide EMS and provider specific orientation to new personnel.
- ii. Ensure personnel are meeting San Joaquin County EMS training requirements. iii. Conduct field care audits to identify and mitigate potential patient care issues.
- iv. Participate in continuing education courses and the ongoing training of prehospital personnel.
- v. Provide proactive educational opportunities based upon prospective CQI activities.

c. Evaluation

- Conduct initial evaluation of new employees and ongoing routine evaluation of established employee performance.
- Develop clearly defined performance standards for evaluating the quality of care delivered by prehospital care providers.

d. Accreditation

- Establish policies and procedures for initial accreditation and reaccreditation of prehospital personnel.
- ii. Ensure employee compliance with county SJCEMSA position specific certification requirements.

Concurrent

- Establish a procedure for the evaluation of paramedics utilizing performance standards through direct observation/supervision.
- Appoint a quality improvement liaison to carry out CQI activities.

3. Retrospective

- a. Develop a process for retrospective analysis of field care, utilizing PCRs, radio tapes, or other relevant documentation. Analysis should include, but not be limited to: high risk, low volume, problem-oriented calls or those types of calls specifically requested by the SJCEMSA.
- b. Comply with reporting and other quality improvement activities as specified by the SJCEMSA.
- c. Participate in prehospital research as requested by the SJCEMSA.

4. Reporting/Feedback

- a. Develop a process for identifying trends in the quality of prehospital care services provided.
- b. Submit reports as specified by the SJCEMSA.
- c. Develop and participate in educational programs based upon problem identification and trend analysis.
- d. Make changes to internal policies and procedures as needed based upon findings from CQI activities.

E. Base Hospital Responsibilities

- 1. Prospective
 - Participate on CQI committees as specified by the SJCEMSA.
 - b. Education
 - i. Participate in certification courses, field care audits, and educational opportunities to further the

- knowledge of prehospital and base hospital care providers.
- ii. Offer educational programs and training to address CQI activity findings.
- iii. Establish procedures for informing Base Hospital personnel of system changes.
- iv. Establish criteria for offering supervised clinical experience to accredited prehospital care personnel.

c. Evaluation

- Develop criteria for the evaluation of individual Base Hospital personnel including, but not limited to:
 - Base Hospital documentation and tape review.
 - Evaluation of new employees and ongoing routine evaluation of continued base hospital personnel.
 - Compliance with routine base hospital procedures as outlined by facility specific and county SJCEMSA policies.

d. Authorization

 Establish procedures, in compliance with San Joaquin County policies, for Mobile Intensive Care Nurse and Base Hospital Physician initial and ongoing authorization.

Concurrent

- a. Provide online medical control for paramedics.
- Develop procedures for identifying problem calls.
- c. Develop internal procedures regarding base hospital physician involvement in Medical Control according to San Joaquin County EMS policy and procedures.
- d. Develop a procedure for obtaining patient follow up on all base directed calls.
- e. Appoint a quality improvement liaison to carry out CQI activities.

3. Retrospective

- Develop a process for retrospective analysis of field care and base direction utilizing audio-tape, PCR, and patient follow up to include, but not limited to:
 - i. High risk
 - ii. Low Volume
 - iii. Problem oriented calls
 - iv. Those calls requested to be reviewed by the SJCEMSA.
- b. Perform ALS base contact call audits.

- c. Establish a procedure for ensuring that patient follow-up has been obtained from the receiving hospital on all patients where base contact was made.
- d. Develop performance standards for evaluating the quality of medical direction delivered by both MICN staff and base hospital physicians through retrospective analysis.
- e. Comply with reporting and other CQI requirements as specified by the SJCEMSA.
- f. Participate in prehospital research and efficacy studies as requested by the SJCEMSA.
- 4. Reporting/Feedback
 - a. Develop a process for identifying trends in the quality of medical control delivered by the base hospital.
 - b. Submit reports as specified by the SJCEMSA.
 - c. Develop and participate in educational programs based on problem identification and trend analysis.
 - d. Make approved changes to internal policies and procedures based upon performance improvement activities.
- F. Trauma Care System Participant Responsibilities
 - To be developed
- VI. Continuous Quality Improvement Committee Responsibilities A. Purpose:
 - This committee coordinates and monitors the quality of prehospital care and overall prehospital quality improvement activities for San Joaquin County including, but not limited to:
 - a. Provides guidance and support for CQI activities within the local EMS System.
 - b. Identifies quality improvement educational needs.
 - c. Facilitates and/or provides education.
 - B. Scheduled meetings of the CQI Committee will be held bimonthly.
 - C. Membership:
 - This committee is comprised of EMS staff, EMS Medical Director, EMS representatives from all provider agencies (including First Responders, ALS, and Base Hospitals).
 - 2. The committee is chaired by the EMS Quality Improvement Coordinator or designee.
- VII. Quality Improvement Standard Compliance
 - A. The following process will be followed to ensure active participation of all system participants in the County CQI program.

- 1. The EMS QI Coordinator will notify the EMS Medical Director when a prehospital care provider is not meeting compliance standards prior to issuing a noncompliance notice.
- 2. First notice of non-participation is sent by the EMS QI Coordinator. The provider has five business days to comply with the request.
- 3. Second notice Written letter to provider representative by the EMS QI Coordinator and/or Medical Director stating the deficiency and required corrective actions. The Provider Agency has five business days to respond in writing and comply with the request.
- 4. Final Notice Written letter to the Head of the Provider Agency by Medical Director stating intent to revoke provider status if noncompliance continues. Provider agency has five business days to respond in writing and comply with the actions needed to correct CQI deficiencies.
- If the provider agency continues to fail to meet participation requirements as outlined in this policy, the SJCEMSA may revoke provider status. At this point, the provider agency will be required to comply with SJCEMSA requests for CQI participation and reapply to regain provider status.

Appendix B EMS Policy No. 6630, CQI Council

PURPOSE: The purpose of this policy is to describe the roles and responsibilities of all San Joaquin County EMS System participants in the provision of the Continuous Quality Improvement (CQI) meetings.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220, Title 22, Division 9 and Section 1157.7 of Evidence Code.

DEFINITIONS:

A. "Continuous Quality Improvement" or "CQI" means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process.

POLICY:

- I. The San Joaquin County EMS Agency (SJCEMSA) is responsible for the oversight and supervision of the EMS CQI process and communicating with all involved participants.
 - A. SJCEMSA CQI Coordinator responsibilities include:

- Implement, monitor and evaluate the CQI System, including CQI requirements as described EMS Policy No. 6620, <u>Continuing</u> <u>Quality Improvement Process.</u>
- Assist the EMS Medical Director in providing oversight of the CQI Council.
- 3. Provide regular CQI reports to EMS Liaison Council, EMSCC, CQI Council and EMS Staff meetings.
- 4. Review individual QI Reports and take appropriate action.
- Provide an access point for Internal/External Customers as identified in Section III.F.
- 6. Monitor quality indicators via database analysis as identified.
- 7. Review and participate in research generated by the CQI process.
- 8. Forward CQI Council recommendations to EMS
 Quality
 Improvement Liaisons.
- 9. Manage system-wide EMS database to assure quality and completeness of databases.
- B. All proceedings of the CQI Council are confidential and protected under Section 1157.7 of Evidence Code: "The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any Council established by a local governmental agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services including, but not limited to trauma care services, provided by a general acute care hospital which has been designated or organized by that governmental agency as qualified to render specialty health care services."
- C. CQI Council responsibilities include:
 - Review/Monitor Data from EMS System (III.C).
 - 2. Select quality indicators, items for review and monitoring, create action plans, and monitor performance (i.e., scene time, patient satisfaction, workforce satisfaction, protocol compliance, and outcome data).
 - After review by SJCEMSA, serve as a forum to discuss issues/concerns brought to the attention of the SJCEMSA by internal and external customers (III. F.).
 - 4. Propose, review, and participate in EMS research.
 - 5. Promote CQI training throughout the EMS System.
 - 6. Policy/Protocol Review Selected policies reviewed with pre notification sent out to allow participant feedback. Initial review by SJCEMSA personnel and proposed revisions discussed at CQI Council.

- 7. Provide recommendations for EMS personnel training.
- 8. CQI Council Members
 - a. EMS Medical Director
 - EMS CQI/Trauma Coordinator
 - c. EMS Prehospital Operations Coordinator
 - d. Base Hospital Medical Director
 - e. Base Hospital Liaison Nurse
 - Receiving Hospital Liaison (chosen by the receiving hospital nurse liaisons)
 - f. One representative from each of the authorized advanced life support (ALS) emergency ambulance providers and first response agencies operating in San Joaquin County
 - g. One representative from the County's designated EMS dispatch center.
- 9. CQI Council Ex-Officio Members
 - a. EMS Administrator
 - b. Receiving Hospital Physician Liaisons
 - c. Receiving Hospital Liaison Nurse
- 10. CQI Council Guests

The EMS Medical Director or CQI Coordinator may approve the attendance of guests during regular or ad hoc meetings of the CQI Council.

D. Data/System Review:

Various databases currently exist which contain data relevant to Continuous Quality Improvement (CQI) in EMS (see list below). These databases must be searched to:

- 1. Prospectively identify areas of potential improvement.
- Answer questions about the EMS System.
- 3. Monitor changes once improvement plans are implemented.
- Provide accurate information enabling data driven decisions.
- Monitor individual performance within the EMS System.
- 6. Support research that will improve our system and potentially broaden EMS knowledge through publication.
- 7. The involved databases include:
 - Dispatch Databases
 - b. EMS Data Pro
 - c. PCR Databases
 - d. Hospital Databases

- e. QI Databases
- f. Trauma Registry
- g. County Coroner's Reports

E. Individual Quality Improvement Reports Individual quality improvement reports are generated by anyone in the EMS System and are reviewed at the Base Hospital Physician level as well as by the SJCEMSA.

F. EMS Research

Any parties interested in EMS research may participate. Leadership is expected from EMS Medical Directors and Senior EMS Personnel with EMS Division Manager and Medical Control Council approval.

G. Internal/External Customers

Various entities interact with the EMS System. In order to allow input from these sources, the CQI process may be accessed via the SJCEMSA who will determine if the issue raised will be put on the CQI Council Agenda.

1. Internal Customers

Paramedics/EMT-IIs/EMT-Is/First Responders
MICNs/Flight Nurses
Dispatch Personnel
EMS Students and Interns
Ambulance Providers
EMS Councils
Hospitals
State/Regional EMS Personnel
Base Hospital Physicians

2. External Customers

Patients
Families of patients
Community/Public
Third Party Payors (Insurance Companies, HMOs)
Government Agencies (e.g. Public Health)

Nursing Homes Private Physicians

Appendix C EMS Policy No. 6680 Research Studies

PURPOSE:

To ensure that all public and non-profit private entities, scientific institutions, and individuals engaged in conducting patient care related EMS research within the San Joaquin County Emergency Medical Services (EMS) system adhere to a standardized procedure and review process.

AUTHORITY:

California Code of Regulations, Title 22, Division 9, Sections 10064.1 and California Health and Safety Code, Division 2.5, Section 1797.221

POLICY:

- I. Approval
 - A. All patient care related EMS research conducted in the San Joaquin County EMS System must be approved by the EMS Medical Director.
 - B. The principal investigator of an EMS study shall submit a copy of the study protocol to the EMS Medical Director prior to the initiation of the study. The study protocol shall consist of the following elements:
 - 1. Background/Study Significance
 - 2. Methods
 - 3. Study Subjects
 - 4. Data Collection and Analysis
 - 5. Consent Process
 - 6. Risks/Benefits
 - 7. Confidentiality
 - 8. References
- II. Institutional Review Board (IRB) Approval
 - A. The principal investigator shall submit a copy of the IRB approval or exemption and the IRB approved study protocol to the EMS Medical Director prior to initiation of the study.
 - B. The study protocol of an EMS study in San Joaquin County must comply with the following:
 - 1. All federal requirements for the protection of human subjects in research (45 CFR 46 and 21 CFR 56).
 - 2. Procedures for application to and review by the sponsoring institution's IRB
 - 3. The requirements set by the State of California Emergency Medical Services Authority (EMSA) (CCR, Title 22, Section 100144, subsection (b) (14)), if intending to perform any prehospital emergency medical

treatment or procedure which is additional to the Paramedic Scope of Practice.

III. Study Implementation

- A. For studies that involve patient interventions by prehospital personnel, the principal investigator must ensure the following:
 - A certified EMT, licensed and accredited paramedic, and/or authorized MICN is a study investigator, coordinator, or liaison to provide input on the study protocol.
 - 2. A regular review of study progress with the prehospital personnel through quarterly reports and direct feedback or meetings.

IV. Patient Rights Violations

A. The EMS Medical Director may revoke approval of any research study for violations of patient rights or for activities not specified in the written and approved proposal.

V. Data Collection and Release of Medical Records

- A. Ambulance Providers: The principal investigator shall develop the mechanism for obtaining data from the ambulance providers.
- B. Base Hospitals: The principal investigator shall identify a process for collecting data from the Base Hospital.
- C. Receiving Hospitals
 - 1. The study protocol will address the specific mechanisms for obtaining patient consent and for maintaining patient confidentiality.
 - 2. A copy of the study protocol will be included with the letter to hospitals requesting participation in the research study.
 - 3. If the hospital consents to participate in an EMS research study, a hospital liaison will facilitate medical records retrieval according to the hospital's internal procedures and policies.

VI. Study Results

- A. Quarterly written reports will be presented to the EMS Medical Director or designee.
- B. The principal investigator shall submit a final written report to the EMS Medical Director at the conclusion of the study. A copy of the manuscript for publication may be submitted in lieu of a final report.

Appendix D Acknowledgement of CQI Confidentiality

Following is the form that is required to be signed by members or guests attending any meeting of the CQI Council:

As a participant in the San Joaquin County CQI program involved in the evaluation and improvement of the quality of care rendered to patients in the field and in San Joaquin County hospitals, I recognize that confidentiality is vital to the candid discussions that are necessary for effective system quality improvement activities. Therefore, I shall respect and maintain the confidentiality of all discussions, deliberations, records and other information generated in connection with these activities, and agree to make no disclosures of such information except to persons authorized to receive it in the conduct of the EMS System as required by Sections 1040 and 1157.7 of the Evidence Code of the State of California.

Furthermore, my participation in the CQI activities is in reliance on my belief that every other member of the CQI team will similarly preserve the confidentiality of these activities. I understand that all affected persons and agencies are entitled to undertake such action as is deemed appropriate to ensure that this confidentiality is maintained, including action necessitated by any breach or threatened breach thereof.

DATE:	SIGNED:	
PRINT NAME/TITLE:		

Appendix E Baldrige Quality Values

Baldrige Quality Core Values & Concepts

 Leadership: Leadership is responsible for the creation of strategies, systems, and methods for achieving excellence in health care, stimulating innovation, and building knowledge and capabilities.

2. Patient Focused:

- Quality and performance are the key components in determining patient satisfaction. A
 patient's relationship with the provider of care, ancillary staff, cost, responsiveness,
 continuing care and attention factor into a patient's satisfaction.
- The delivery of patient care must be system focused and by its nature will then become patient oriented.
- In the context of EMS system performance, this would include the patient's perception of the continuum of care from the prehospital to the hospital.
- A smooth transition of care will instill confidence in the patient and their family members.

3. Organizational and Personal Learning:

- Organizational learning refers to continuous improvement of existing approaches and processes and adaptation to change, leading to new goals and/or approaches.
- Personal learning through education, training, and opportunities of continuing growth allows individuals to adjust to a changing health care environment and enhance knowledge of measurement systems that influence the outcomes of assessments and patient care and operational guidelines.
- Learning is directed not only toward better EMS delivery, but also toward being more responsive, adaptive and efficient.

4. Staff and Partners:

- An organization should be committed to their staff's satisfaction, development and wellbeing.
- Partners should include stakeholders patients, prehospital and hospital providers, and regulatory agencies.
- 5. **Flexibility:** Faster and more flexible response to patients and other EMS partners is necessary in today's fast moving health care environment.
- 6. **Planning for the Future:** An organization should anticipate changes in EMS health care delivery, resource availability, patient expectations, technological developments, and evolving regulatory requirements.

7. **Managing for Innovation:** Organizations should be structured in such a way that innovation becomes part of the culture and daily work.

8. Management by Evidence:

- An effective EMS system depends upon the measurement and analysis of performance.
- Critical data and information about key processes, outputs and results are a key component.
- Performance measurement areas may include patient outcomes, patient care and operational guidelines, staff, cost, and customer satisfaction and others.
- Analysis of data along with knowledge and input from experts supports decision-making and operational improvement.
- Data and its analysis support the review of overall field performance, improving outcomes, improving operations and comparing process with similar organizations, with performance "best practice" benchmarks or comparison of the agency performance with itself and its own past practice.
- A major consideration in performance improvement involves the selection and use of performance measures or indicators.

9. Public Responsibility and Community Health:

- EMS system participants should not only meet all federal, state, local laws and regulations and local requirements, they should treat all of these and related requirements as opportunities for continuous improvement beyond mere compliance.
- The EMS system has a responsibility to the public it serves to foster improved community health.
- Basic expectations of an organization include ethical practice and protection of public health, safety, and the environment
- EMS system participants should share in efforts in community wellness and injury prevention.
- 10. **Focus on Results:** Performance measurements need to focus on essential results that create the value of EMS to the community served.

11. Systems Perspective:

- Focus on what is important to the whole system, as well as its components to achieve performance improvement.
- Monitor, respond to, and build on performance results.
- Plans should seek to prevent problems, provide a forthright response if problems occur, and make available information and support needed to maintain public awareness, safety and confidence.

There must be a continued investment to produce a high quality product. It is not enough to develop new programs and techniques of measurement and control. The stakeholders must commit to a course of constant evaluation and improvement that is non-punitive, valued, and continuous.



Appendix F 2020 CQI System-Wide Performance Indicators

Indicator	Data	A STATE OF THE PARTY OF THE PAR	Contract of the Contract of th	Data Source	Comments
Clinical Care & Outcomes Documentation Risk Management	100% retrospective review of advanced airway skills.	Monthly	ALS Providers	PCRs, Advanced Airway Report Form & Airway Summaries	Submit completed advanced airway report summaries to SJCEMSA. Providers keep individual airway reports with PCR numbers for reference and audit.
Clinical Care & Outcomes Documentation Risk Management	document	Quarterly	ALS Provider	Quarterly CQI Reports	In addition to the Quarterly CQI Reports, the SJCEMSA may audit the training records of ALS providers to review compliance success.
Clinical Care & Outcomes Documentation	Average and 90th%ile Scene Time for STEMI cases. ECG Transmission Y/N (%) Measure time from arrival onscene to ECG performed (average and 90th%ile)	Monthly	ALS Ground Ambulance Providers	PCR Report Generators and individual PCR Review	



Outcomes	Measure correctness of patient position with X-collar:	Monthly	San Joaquin General Hospital.	Observation and PCR	
Documentation	 Supine < 30°: Y/N (%) Destination Trauma Center: Y/N (%) 		SJCEMSA	Report Generators and individual PCR Review	

Indicator	Data	Reporting Frequency	Responsible for reporting	Data Source	Comments
Skills & Competency/ Personnel	Cardiac arrest performance: 1. Off-chest time 2. Peri-shock pause time < 8 sec with max of < 10 sec (%) 3. Compression rate	Monthly	ALS Providers	Code Stat	
Clinical Care & Outcomes Documentation	ALS ambulance providers measure documentation for Stroke Activation: 1. Time SRC Activation (%) 2. Cincinnati Documented Y/N (%) 3. RACE Score Y/N (%) 4. LKWT Y/N (%) 5. Blood sugar Y/N (%)	Monthly	ALS Ambulance Providers	PCR Report Generators and individual PCR Review	



Clinical Care & Outcomes Transportation	ROSC Patients: ECG performed Y/N (%)	Monthly	ALS Ambulance Providers	PCR Report Generators and individual PCR Review	
Clinical Care & Outcomes Documentation	Measure prehospital performance on suspected STEMI Cases: 1. EKG Transmission Y/N (%) 2. Scene time (Average & 90 th %ile) 3. Time from arrival on scene to ECG performed (Average & 90 th %ile)	Monthly	ALS Providers	PCR Report Generators and individual PCR Review	

Indicator	Data	Reporting Frequency	Responsible for reporting	Data Source	Comments
Clinical Care & Outcomes Documentation	Hemostatic Dressing/Tourniquet Use Count	Monthly	All ALS & BLS Providers	Patient care reports	
Facilities	Ambulance Patient Off-load Delays Measure and report off-load delays using the recommended tools and methods provided by EMSA.	Monthly	SJCEMSA	Patient care reports	



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Skills &	Narcotic usage	Quarterly	ALS	Patient care	The most effective way to
Competency/			Providers	reports	determine appropriate use and if
Personnel	Correct Usage				necessary make system
	Correct Dose				changes is to bring to the
	*				forefront of our minds, the actual
					pre hospital narcotics usage
					rate in San Joaquin County.
					Additionally, the focus will be on
					if narcotics are used according
					to policy with regards to the
					correct patient situation as well
					as the correct dose. With that
					KPI available on a quarterly
					basis as confirmation of
					adhesion to currently policy, it
AND AND BEEN					can be used in conjunction with
					current medical studies on
CLERK AT &					narcotics usage, to provide a
	· ·				frame work to make an objective
				- 4	assessment of current treatment
					policy in San Joaquin County.



Indicator	Data	Reporting Frequency	Responsible for reporting	Data Source	Comments
Clinical Care & Outcomes	Documentation 1. Impression Matches treatment in PCR 2. Correct drug doses	Quarterly	ALS Providers	Patient care reports	Each ALS department or ambulance service will report on their PCR review process method, and the number of PCRs reviewed. These reviews
Documentation	3. # of PCRs reviewed				will determine whether the prehospital Primary Impressions and care provided align, whether the correct medication and dose was provided and whether the documentation matches the PCR documentation rubric used by that ALS prehospital provider.
Clinical Care &	Against Medical Advise Calls	Quarterly	ALS	Patient care	Against Medical Advice (AMA)
Outcomes	4. North an of ANAA's		Providers	reports	calls can be the most
Documentation Risk	Number of AMA's accioused				challenging and often the
Management	2. Number of AMA's reviewed				riskiest call pre hospital staff can be involved in. For this reason.
Management					AMA calls require great
					attention to detail not only in
					patient care but also in the
					documentation of that patient
					care. In 2017 there were 83,000
					EMS ambulance responses to
医甲烷 是在					scene calls originating from 911,
					of which twenty- two (22)
	,				percent of those 911 calls either ended as <i>no medical need</i> or



					AMA. With the inherent risk associated with this call type, this needs to be evaluated to determine if 22% is normal and if field personal are adhering to policies related to AMA and no medical need situations. To do this Ambulance companies and ALS fire departments will not only submit their individual AMA and no medical need rates on a quarterly basis, but also will submit how many were reviewed for accuracy of documentation, if policy was followed and if the AMA or no medical need was appropriate.
Skills & Competency/ Personnel	Training Performed by topic and hour 1. Cardiac 2. Respiratory 3. Trauma 4. Pediatric 5. Pharmacology Miscellaneous medical	Quarterly	ALS Providers	ALS Providers	In 2019 not only will ambulance company and ALS fire departments be submitting quarterly EMS education and training hours, those hours will be categorized into six (6) different KPIs. This requirement does not mandate what type of training is conducted at each ALS service provider, since each have different EMS training needs. The goal of this KPI set is to assist the



Indicator	Data	Reporting Frequency	Responsible for reporting	Data Source	SJCEMSA Medical Director to determine whether current training efforts may need to be modified to stay current with the most recent medicine. Comments
Skills & Competency/ Personnel	CES Activity 1. Number of investigations 2. Number of coaching's 3. Number of performance improvement plans	Quarterly	ALS Providers	ALS Providers	With an emphasis on education ambulance service providers and ALS fire departments will be required to report on activities in their respective CES departments pertaining to the number and outcomes of performance reviews, gap identification, and gap closure. By counting the number of investigations, number of coaching's or one to one training, and number of performance improvement plans initiated as a KPI set, the activity of each ALS provider CES activity can be evaluated.
			A TEST		



Appendix G 2020 Work Plan Results

Indicators Monitored	Objectives: Specific/Measureable/ Achievable/Realistic/Time Sensitive	Key Findings/Priority Issues Identified	Improvement Action Plan for Further Action	Follow-up/Goals Met?
Skills Maintenance & Competency/ Personnel	All ALS providers document advanced airway skills for: 1. OTI success rate (%) 2. Use of ETTI (%). 3. Identifying Cormack-Lehan grades (%). 4. Appropriate use of I-gel Airway (%). 5. Confirmation of OTI success with End-Tidal CO2 (%).	The 12-month average of OTI success rate including 1st and 2nd attempts was 86.6%. Use of ETTI is consistently above 95%. Appropriate use of I-gel Airway (as measured by following policy to require I-gel Airway for Cormack Lehan Grades of 3-4) is nearly universal. Confirmation using End Tidal C02 consistently above 95%. Need to add way to measure assessment of airways when no visualization of airway is possible.	Continue feedback loop to instruct paramedics to use I- gel when Cormack-Lehan Grade is 3 or 4.	Yes. Added new metric to document when airway grade cannot be determined.
Skills Maintenance &	All ALS providers document quarterly skills training for all personnel (%).	Providers continue to document that quarterly skills training is	Review success rates at CQI Council to develop	Goal not met. Goal is > 95%.
Indicators Monitored	Objectives: Specific/Measureable/ Achievable/Realistic/Time Sensitive	Key Findings/Priority Issues Identified	Improvement Action Plan for Further Action	Follow-up/Goals Met?



Competency/ Personnel		successfully completed each quarter by 70% to 80% of ALS personnel	strategies to improve compliance	Continue to measure.
Clinical Care & Outcomes Documentation Risk Management	All ALS providers document tracking spinal stabilization skills: 1. Appropriateness (%) 2. Neuro checks pre and Post (%). 3. Every 15 minutes (%)	Pre-stabilization neuro checks remain below 50%. Post-stabilization neuro checks near 100%. Effective measures to determine appropriateness have not been developed.	Assign task to measure appropriateness of spinal stabilization to the Trauma Center.	Trauma Center agreed to track spinal stabilization appropriateness and report data to the EMS Agency.
Documentation Risk Management	All providers document tracking pain intervention: 1. Documentation (%) 2. Results documented (%)	Providers have tracked the appropriateness of the use and dosage of narcotics and assessed completeness of documentation.	Study was limited to narcotics for pain prevention.	Not considered for further targeted study in 2019.
Clinical Care & Outcomes Documentation	All providers document cardiac arrest performance: 1. ROSC (%) 2. Survival to ED (%) 3. Improve ability of aggregate report generators to document (MICRs)	ROSC (25%) on average during 2018 of medical cardiac arrest patients. Survival to ED not captured.	Greater emphasis to be placed on ROSC data collection using STEMI data collection tool (since medical ROSC patients are required to be transported to SRCs.	



Indicators Monitored	Objectives: Specific/Measureable/ Achievable/Realistic/Time Sensitive	Key Findings/Priority Issues Identified	Improvement Action Plan for Further Action	Follow-up/Goals Met?
Clinical Care & Outcomes Documentation	All ALS providers document Major Trauma Patients 1. Scene time (Average) 2. Appropriate Transport Destination (%) 3. Documentation of destination decision (%) 4. Improve ability of aggregate report generators to document major trauma patients.	ALS providers did not demonstrate the ability to meet this objective. The SJCEMSA's newly acquired ePCR Report generator has capacity to meet objective system wide.	Follow-up describes next steps.	Not met. Retrospective review of 2018 data will be conducted by SJCEMSA.
Clinical Care & Outcomes Documentation	All ALS providers document Acute Coronary Syndrome: 1. Aspirin Administration (%) 2. EKG Performance (%) 3. Scene time (Average) 4. Advance hospital notification for STEMI (%) 5. Direct transport to SRC (%) 6. Documentation of Destination Decision (%)	ALS providers focused on measuring transmission of ECG transmission. The SJCEMSA STEMI data collection process captured all data elements listed.	Continue with the SJCEMSA process in 2019.	Measurement of documentation by ALS providers not successful. Objective continues for 2019.



Indicators Monitored	Objectives: Specific/Measureable/ Achievable/Realistic/Time Sensitive	Key Findings/Priority Issues Identified	Improvement Action Plan for Further Action	Follow-up/Goals Met?
Clinical Care & Outcomes	PCR Peer Review Process Work with BLS providers to develop CQI processes and a CQI Plan	The three BLS non transport providers that expressed interest in	Continue to work with BLS nontransport	Ongoing project.
Documentation	processes and a CQI Flair	providing narcan and epi have made significant progress in completing a CQI plan.	providers.	
Transportation	Ambulance Patient Off-load Delays	Data collection tools and methods are effective.	Continue to assess impact of APOD on	Goal of measuring APOT per
Facilities	Measure and report off-load delays using the recommended tools and methods provided by EMSA. Report Quarterly.	moulous are should.	EMS system.	requirements met.
Clinical Care & Outcomes	EMT Scope of Practice Expansion Write policies to provide direction to BLS	Policies not written	Complete in 2019	Goal not met.
Documentation	ambulance and EMR agencies that incorporate Narcan and Epinephrine into their scope of practice.			





San Joaquin County EMS CQI Plan 2019 Update

Appendix H - 2020 Work Plan

Indicators Monitored	Objectives: Specific/Measureable/ Achievable/Realistic/Time Sensitive	Key Findings/Priority Issues Identified	Improvement Action Plan for Further Action	Followup/Goals Met?
Skills Maintenance & Competency/ Personnel	 100% retrospective review of advanced airway skills: 1. OTI success rate (%) 2. Use of ETTI (%). 3. Identifying Cormack-Lehan grades (%). 4. Appropriate use of I-gel (%). 5. Confirmation of OTI success with End-Tidal CO2 (%). 			
Skills Maintenance & Competency/ Personnel	All ALS providers document quarterly skills training for all personnel: (%).	2		
Clinical Care & Outcomes	Measure correctness of patient position with X-collar: 1. Supine < 30°: Y/N (%) SJGH metric 2. Destination Trauma Center: Y/N (%)			
Clinical Care & Outcomes Documentation	1. Off-chest time 2. Peri-shock pause time < 8 sec with max of < 10 sec (%) 3. Compression rate			



San Joaquin County EMS Agency CQI Plan 2020

Clinical Care & Outcomes	ALS Ambulance providers measure ROSC Patients:	
Documentation	12 lead ECG performed Y/N (%).	

Indicators Monitored	Objectives: Specific/Measureable/ Achievable/Realistic/Time Sensitive	Key Findings/Priority Issues Identified	Improvement Action Plan for Further Action	Followup/Goals Met?
Clinical Care & Outcomes	All ALS providers document suspected STEMI Cases:			
Documentation	 EKG Transmission Y/N (%). Scene time (Average & 90th %ile.) Time from arrival on scene to ECG performed (Average & 90th %ile). 			
Clinical Care & Outcomes	Hemostatic Dressing/Tourniquet Use by ALS providers:			
Documentation	Count #/quarter			
Transportation	Ambulance Patient Off-load Delays			
Facilities	Measure and report off-load delays using the recommended tools and methods provided by EMSA.			25

San Joaquin County EMS Agency CQI Plan 2020

Clinical Care &	Narcotic usage			
Outcomes	Trainodio dodge			
Gatoomico	Perform a retrospective review of PCRs			
Documentation	to assess.			
	1. Correct Usage			ł
	2. Correct Dose			
Transportation	Use of BLS Ambulances in EMS			
	System			
Clinical Care and				
Outcomes	Perform a retrospective review of PCRs			
	to assess the efficacy of using BLS			
	ambulances to respond to EMS system		÷	
	for EMD Card 26 Alpha & Omega			
	requests.			
Clinical Care and	Stroke System of Care			
Outcomes				
the state of	ALS ambulance providers measure			
Facilities	documentation for Stroke Activation:			
	1. Time SRC Activation (%)			
	2. Cincinnati Documented Y/N (%)			756
Aleman Salam	3. RACE Score Y/N (%)			
	4. LKWT Y/N (%)			£
AND RESIDENCE OF THE PARTY OF T	Blood sugar Y/N (%)	1		

San Joaquin County EMS Agency CQI Plan 2020

Documentation	ALS ambulance providers measure documentation for:		
	Impression Matches treatment in PCR		
	Correct drug doses Number of PCRs reviewed		
Documentation	ALS ambulance providers measure documentation for Against Medical		
Transportation	Advice Calls:		
	Number of AMA's Number of AMA's reviewed		
	5. Number of AMA's reviewed		
THE STATE OF THE			

Appendix I EMS Policy No. 6101, Sentinel Event Reporting

PURPOSE:

The purpose of this policy is to outline requirements for reporting sentinel events within the San Joaquin County EMS System to the SJCEMSA.

AUTHORITY:

Health and Safety Code, Division 2.5 Section 1797.220 and 1798 et seq.

DEFINITIONS:

A. "EMS Provider" means ambulance providers, first response providers, and any other entity employing, paid or volunteer, prehospital emergency medical care personnel. B. "Prehospital Emergency Medical Care Personnel" means those persons who have been certified or licensed as qualified to provide prehospital emergency medical care pursuant to the provisions of Health and Safety Code, Division 2.5.

- C. "Receiving Hospital" means an acute care hospital approved by the San Joaquin County EMS Agency to receive pre-hospital patients.
- D. "Sentinel event" means an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious physical injury includes, but is not limited to, loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence of the variation or event carries a significant chance of morbidity, or mortality, or other serious adverse outcome.

POLICY:

- I. EMS providers, receiving hospitals and pre-hospital emergency medical care personnel shall report the occurrence or suspected occurrence of a sentinel event to the SJCEMSA Duty Officer upon discovery; however, notification shall not exceed eight (8) hours after becoming aware of the sentinel event.
- II. A sentinel event may include continuous actions such as the use of defective equipment that causes an ongoing but urgent or emergent threat to the welfare, health, or safety of patients or personnel. Such actions should be reported to the SJCEMSA Duty Officer upon discovery; however, notification shall not exceed eight (8) hours after discovery.
- III. After notifying the SJCEMSA Duty Officer, the reporting party shall complete and submit a Sentinel Event Investigation Report (Form 6101A) to the SJCEMSA

within 24 hours of the event. This time frame may be extended to the next business day with the approval of the EMS Duty Officer.

- IV. A sentinel event may be identified and reported to the SJCEMSA by anyone within the EMS system or by a member of the general public.
- V. The failure of an EMS provider or receiving hospital to notify the SJCEMSA of a sentinel event may result in disciplinary action being taken against all parties with knowledge of the event.
- VI. Specific examples of reportable sentinel events include:
 - A. The refusal and/or failure of prehospital EMS personnel to implement a Base Hospital order.
 - B. Any deviation from an EMS treatment protocol with significant potential for serious patient harm.
 - C. Medication or procedural errors with significant potential for serious patient harm.
 - D. Any significant EMS related event reported to the reporting party's risk management department, or Continuous Quality Improvement (CQI) Coordinator.
 - E. Any significant EMS related event reported to another regulatory agency including, but not limited to, the EMS Authority, Occupational Safety and Health Administration, and the Department of Public Health.
 - F. Any of the occurrences defined as a threat to the public health and safety cited in Health and Safety Code § 1798.200(c):
 - (1) Fraud in the procurement of any certificate or license.
 - (2) Gross negligence.
 - (3) Repeated negligent acts.
 - (4) Incompetence.
 - (5) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
 - (6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of the conviction.
 - (7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.

- (8) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- (9) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
- (11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
- (12) Unprofessional conduct exhibited by any of the following:
 - a. The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance.
 - The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Sections 56 to 56.6, inclusive, of the Civil Code
- (13) The commission of any sexually related offense specified under Section 290 of the Penal Code.
- VII. Upon receipt of a sentinel event report the SJCEMSA shall take the following actions:
 - A. Confirm receipt of the sentinel event report with the reporting party.
 - B. Evaluate the report to determine if an investigation of the sentinel event is warranted. When deemed appropriate, the SJCEMSA may address the event in accordance with EMS Policy No. 6102, EMS System Issue Resolution Process.
- VIII. Sentinel event investigations are part of the CQI process and all documents, reports, and information are confidential and protected by § 1040 of the Evidence Code.

Appendix J EMS Policy No. 6102, EMS Unusual Occurrence Process

PURPOSE: The purpose of this policy is to outline a process for addressing nonsentinel event issues occurring between individuals within the EMS system.

AUTHORITY: Health and Safety Code, Division 2.5 Section 1797.220 & 1798 et seq.

POLICY:

- I. This policy reflects the SJCEMSA's commitment of improvement through process ownership by all EMS system participants and involved parties. Prehospital personnel experiencing misunderstandings or disagreements in the course of field operations (which may include emergency medical dispatch, on scene operations and hospital related operational issues) are expected to resolve such issues:
 - A. As soon as possible after the call;
 - B. In person or by telephone with the involved party or parties;
 - C. Among the participants;
 - D. At a mutually convenient time and location.
- II. Documentation: The individual, crew leader, or supervisor that made the initial complaint shall complete and submit the <u>Unusual Occurrence Form</u> (Appendix 6102A) to the complainant provider's CQI coordinator within three (3) working days of the incident. The provider's CQI coordinator shall review and submit the completed form to the SJCEMSA's CQI Coordinator within five (5) working days of receipt of the form.
- III. Confidentiality: The <u>EMS Unusual Occurrence Process</u> is part of the CQI process and all interactions that occur under the guidance of this policy are confidential.

Appendix K 2020 ALS Provider Quarterly Report Template

Quarterly Report Template

I. PROGRAM SUMMARY/CHANGES

Summarize the ways in which your CQI program collects and analyzes information; describe the sources of information and methods used, and how the information is used as a basis for understanding the strengths and weaknesses in your organization's provision of patient care and the effectiveness of your efforts to affect improvement. In order to provide such a summary, describe how your understanding and measurement of process, structure and outcome informs the manner in which patient care is analyzed in your organization. Describe the role of quantitative analysis (aggregate data), the method for choosing the areas selected for evaluation, and those occasions in which such evaluation leads to a review of individual patient care reports. Describe the role (if any) that qualitative analysis (one-on-one interviews) plays in evaluating patient care.

II. AGGREGATE DATA/STATISTICS (minimums to be set by CQI Council)

- Total Number of System Responses
- Total Number of Transports by Hospital
- Number of Major Trauma Patients & Destination
- · Number of STEMI patients & Destinations
- Number of Patients rendezvoused with air ambulance
- Number of Patients given an advanced airway (including I-gel

III. PROSPECTIVE QI ACTIVITIES

- A. Participation in CQI Council
- B. Education
 - 1. Describe nature of orientation provided to new EMS personnel
 - i. Include evaluation and development of performance standards.
 - 2. Describe training provided designed to ensure ongoing mastery of EMS policies and procedures.
- C. List any project(s) selected for a PDCA cycle based upon anticipated needs (e.g. new policy implementation)
 - 1. PLAN Describe the improvement goal
 - 2. **DO** Describe method used (e.g. review of PCRs)
 - 3. CHECK/STUDY Analyze findings, and;
 - 4. **ACT** (e.g. make recommendations, training, develop or suggest new policies etc.

IV. CONCURRENT QI ACTIVITIES

A. Describe complaints, investigations, and opportunities for improvement (OIs).

- B. Summarize resolutions, PIPs (and describe training, and methods of tracking and trending.
- C. C. Describe ongoing evaluation of personnel using objective criteria as measured by direct observation.

V. RETROSPECTIVE CLINICAL AND OPERATIONAL PERFORMANCE REVIEW – TRACKING AND TRENDING

- A. Total Number of PCR's Reviewed (and percent of total PCRs for quarter)
 - 1. Describe review process
 - 2. Describe areas targeted by review process
 - 3. Describe method to track and trend opportunities for improvement
- B. List a minimum of three areas targeted for review (clinical e.g. patient care procedure or compliance with treatment policies for STEMI or trauma patients; or operational e.g. patient destination, MCIs, Base Hospital Radio Reporting). For each area:
 - PLAN Describe the reason selected (e.g. based upon O.I. (qualitative) or through quantitative data analysis – and briefly describe in detail)
 - 2. DO Document number of cases reviewed
 - 3. Describe the method of tracking and trending findings
 - 4. CHECK/STUDY Analyze findings, and;
 - 5. **ACT** make recommendations (e.g. provide training, develop or suggest new policies etc.
- C. Advanced Airway Project Findings
 - 1. Document number of cases reviewed
 - 2. Describe the method of tracking and trending findings
 - 3. Analyze findings and make recommendations.

VI. SUMMARIZE TRAINING

- A. List the training provided to individuals for PIPs, OIs, and generally to all EMS personnel and for each type provided:
 - 1. Dates
 - 2. Subject
 - 3. Length
 - 4. Current percent of targeted personnel that received the training
 - 5. The method used to track receipt of training by personnel

Appendix L Advanced Airway Summary Form 2020

